

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766554

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: MARTIN MEMORIAL HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

301 HOSPITAL AVE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9010  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 59-2307522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARMAN, RICHMOND M.  
301 HOSPITAL AVE  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARNHORST, LARRY  
Address: 5946 CONGRESSIONAL PLACE  
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete  
Name: SWIFT, GEORGE H III  
Address: 800 SE MONTEREY BLVD STE 102  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: SHANK, CALVIN R  
Address: 6764 SE PACIFIC DRIVE  
City-St-Zip: STUART, FL

Title: D ( ) Delete  
Name: BOUGHNER, LEE  
Address: 1918 SW CRANE CREEK AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: PD ( ) Delete  
Name: HARMAN, RICHMOND M.,  
Address: 301 HOSPITAL AVENUE  
City-St-Zip: STUART, FL

Title: D ( ) Delete  
Name: PENDERGAST, JAMES  
Address: 1520 SW PNDARVIS COURT  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: CRIBB, REMBERT  
Address: 1001 US 1 SUITE 206  
City-St-Zip: JUPITER, FL 33477

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHMOND M HARMAN

P

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date