2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

AMENDED

FILED
Jul 01, 2005 8:00 A.M.
Secretary of State

DOCUMENT # 766554

1. Entity Name
MARTIN MEMORIAL HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
301 HOSPITAL AVE STUART, FL 34994	PO BOX 9010 STUART, FL 34995

04152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2307522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART, FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended **Filing Fee is $61.25**
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNHORST, LARRY 5946 CONGRESSIONAL PLACE STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	07/13/05--01068--003 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SWIFT, GEORGE H III 800 SE MONTEREY BLVD STE 102 STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHANK, CALVIN R 6764 SE PACIFIC DRIVE STUART, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOUGHNER, LEE 1918 SW CRANE CREEK AVENUE PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARMAN, RICHMOND M. 301 HOSPITAL AVENUE STUART, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENDERGAST, JAMES 1520 SW PENDARVIS COURT PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RMH PRO/COO 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

766554
MARITN MEMORIAL HEALTH SYSTEMS, INC.

ADDITIONAL OFFICERS AND DIRECTORS

D
CARLSON, WILLIAM E MD
1050 SE MONTEREY RD SUITE 400
STUART, FL 34994

CD
CRIBB, REMBERT
1001 US 1 SUITE 206
JUPITER, FL 33477

D
FASANO, JOHN MD
509 RIVERSIDE DRIVE #206
STUART, FL 34994

SD
LEHACH, GEORGE
4609 WATERFORD DRIVE
STUART, FL 34997

D
MIRAGLIA, VINCENT MD
2398 SE OCEAN BLVD. SUITE A
STUART, FL 34996

VCD
RITTERSBACH, GEORGE MD
2221 SE OCEAN BLVD. #200
SUTART, FL 34994