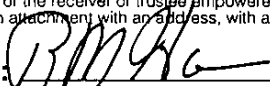


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90107 022 ****61.25

DOCUMENT # 766554 1. Entity Name MARTIN MEMORIAL HEALTH SYSTEMS, INC.					
Principal Place of Business 301 HOSPITAL AVE STUART, FL 34994				Mailing Address PO BOX 9010 STUART, FL 34995	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART, FL 34994				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LEHACH, GEORGE 301 HOSPITAL AVE STUART, FL 34994 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RITTERBACH, GEORGE MD 2221 SE OCEAN BLVD # 200 STUART, FL 34996 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Rittersbach, George MD 2221 SE Ocean Blvd # 200 Stuart, FL 34996 ☒ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENNY, DWIGHT 301 HOSPITAL AVE STUART, FL 34984 ☐ 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 exemptions contained in Chapter 119, 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: 			4/17/08 772-287-5200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

766554

MARTIN MEMORIAL HEALTH SYSTEMS, INC.

ATTACHMENT

40079755

ADDITIONAL OFFICERS AND DIRECTORS

D
CARLSON, WILLIAM MD
301 HOSPITAL AVE.
STUART, FL 34994

D
CRIBB, REMBERT
301 HOSPITAL AVE.
STUART, FL 34994

D
GEORGE MCLAIN
301 HOSPITAL AVE.
STUART, FL 34994

SD
HORTON, MARY-JO
301 HOSPITAL AVE.
STUART, FL 34994

D
MIRAGLIA, VINCENT MD
301 HOSPITAL AVE.
STUART, FL 34994