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	Mailing Address
301 HOSPITAL AVE STUART, FL 34994	PO BOX 9010 STUART, FL 34995

04092008 Chg-NP CR2E037 (12/06)

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

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 _____
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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARNHORST, LARRY		NAME		
STREET ADDRESS	5946 CONGRESSIONAL PLACE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	VCD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEHACH, GEORGE		NAME		
STREET ADDRESS	301 HOSPITAL AVE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	CD	☐ Delete	TITLE	CD	☒ Change ☐ Addition
NAME	RITTERBACH, GEORGE MD		NAME	Ritterbach, George MD	
STREET ADDRESS	2221 SE OCEAN BLVD # 200		STREET ADDRESS	2221 SE Ocean Blvd #200	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	Stuart, FL 34996	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARMAN, RICHMOND M.		NAME		
STREET ADDRESS	301 HOSPITAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PENDERGAST, JAMES		NAME		
STREET ADDRESS	1520 SW PENDARVIS COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DENNY, DWIGHT		NAME		
STREET ADDRESS	301 HOSPITAL AVE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34984		CITY-ST-ZIP		

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: RMH CRO/COO 4/17/08 772-287-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
400799755

766554
MARTIN MEMORIAL HEALTH SYSTEMS, INC.

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