

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR 10 PM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000005733 (1)**

1. Corporation Name

**MARTIN MEMORIAL PHYSICIAN-HOSPITAL ORGANIZATION,  
INC.**

Principal Place of Business

Mailing Address

301 HOSPITAL AVE  
STUART FL 34994  
US

P O BOX 9010  
STUART FL 34995  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/22/1993** 3a. Date of Last Report **03/30/1994**

4. FEI Number **65-0466177** Applied For:  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARMAN, RICHMOND  
301 HOSPITAL AVE  
STUART FL 34494**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and also if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |
|----------------|------------------------------|
| TITLE          | SD                           |
| NAME           | WILLERT, CRAIGE MD           |
| STREET ADDRESS | 1001 OCEAN BLVD. #105        |
| CITY-ST-ZIP    | STUART FL                    |
| TITLE          | CD                           |
| NAME           | DAYTON, PETER MD             |
| STREET ADDRESS | 433 E. OCEAN BLVD.           |
| CITY-ST-ZIP    | STUART FL                    |
| TITLE          | PD                           |
| NAME           | COCORULLO, L. M.             |
| STREET ADDRESS | 301 HOSPITAL AVE             |
| CITY-ST-ZIP    | STUART FL                    |
| TITLE          | D                            |
| NAME           | COLLIN, ALAN MD              |
| STREET ADDRESS | 509 RIVERSIDE DR., #200      |
| CITY-ST-ZIP    | STUART FL 34994              |
| TITLE          | TD                           |
| NAME           | CROUTHAMEL, LAWRENCE MD      |
| STREET ADDRESS | 509 RIVERSIDE DR., SUITE 208 |
| CITY-ST-ZIP    | STUART FL                    |
| TITLE          | D                            |
| NAME           | GITTENS, CARL MD             |
| STREET ADDRESS | 309 E. OSCEOLA ST.           |
| CITY-ST-ZIP    | STUART FL 34994              |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert A. Metry*

Robert A. Metry, Pres. CEO

9/3/95

407-223-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## ADDITIONS

Title: D  
Name: David Whitaker, M.D.  
Street Address: 900 E. Ocean Blvd, Suite 220  
City-St-Zip: Stuart Fl 34994

Title: D  
Name: William Van Tilburg  
Street Address: 6353 Canterbury Lane  
City-St-Zip: Stuart Fl 34997

Title: D  
Name: Mark S. Beatty, M.D.  
Street Address: 931 E. Ocean Blvd Suite C  
City-St-Zip: Stuart Fl 34994

Title: P  
Name: Robert A. Metry  
Street Address: 2149 SE Ocean Blvd  
City-St-Zip: Stuart Fl 34996

Title: D  
Name: Harvey Ulano, M.D.  
Street Address: 500 E. Ocean Blvd  
City-St-Zip: Stuart Fl 34994

Title: D  
Name: Richard A. Dube, M.D.  
Street Address: 801 Osceola St  
City-St-Zip: Stuart Fl 34994

Title: D  
Name: Richmond Harman  
Street Address: 301 Hospital Avenue  
City-St-Zip: Stuart Fl 34994

Title: D  
Name: Salvatore Donohue, M.D.  
Street Address: 301 Hospital Avenue  
City-St-Zip: Stuart Fl 34994

Title: D  
Name: Mark Robitaille  
Street Address: 301 Hospital Avenue  
City-St-Zip: Stuart Fl 34994