

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified
12/22/1993

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE
NAME WILLERT, CRAIG MD
STREET ADDRESS 1001 OCEAN BLVD. #105
CITY-ST-ZIP STUART FL

11 TITLE D ☐ Change ☒ Addition
12 NAME Ulano, Harvey MD
13 STREET ADDRESS 500 E. Osceola Street
14 CITY-ST-ZIP Stuart, FL 34994

TITLE CD ☒ DELETE
NAME DAYTON, PETER MD
STREET ADDRESS 433 E. OCEAN BLVD.
CITY-ST-ZIP STUART FL

21 TITLE CD ☐ Change ☒ Addition
22 NAME Beatty, Mark MD
23 STREET ADDRESS 931 E. Ocean Blvd., Suite C
24 CITY-ST-ZIP Stuart, FL 34994

TITLE PD ☐ DELETE
NAME COCORULLO, L. M.
STREET ADDRESS 301 HOSPITAL AVE
CITY-ST-ZIP STUART FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COLLIN, ALAN MD
STREET ADDRESS 509 RIVERSIDE DR., #200
CITY-ST-ZIP STUART FL 34994

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME CROUTHAMEL, LAWRENCE MD
STREET ADDRESS 509 RIVERSIDE DR., SUITE 206
CITY-ST-ZIP STUART FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME GITTENS, CARL MD
STREET ADDRESS 309 E. OSCEOLA ST.
CITY-ST-ZIP STUART FL 34994

61 TITLE D ☐ Change ☒ Addition
62 NAME Harman, Richmond M
63 STREET ADDRESS 301 Hospital Avenue
64 CITY-ST-ZIP Stuart, FL 34994

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richmond M. Harman, President

(407) 287-5200

Daytime Phone #

CR2E037 (12/95)