

**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

26

4. FEI Number  
**65-0466177**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

24

25

Country

29

Zip

30

Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILLERT, CRAIG MD	
STREET ADDRESS	1001 OCEAN BLVD. #105	
CITY-ST-ZIP	STUART FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DAYTON, PETER MD	
STREET ADDRESS	433 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COCORULLO, L. M.	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIN, ALAN MD	
STREET ADDRESS	509 RIVERSIDE DR., #200	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CROUTHAMEL, LAWRENCE MD	
STREET ADDRESS	509 RIVERSIDE DR., SUITE 206	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GITTENS, CARL MD	
STREET ADDRESS	309 E. OSCEOLA ST.	
CITY-ST-ZIP	STUART FL 34994	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Ulano, Harvey MD	
13 STREET ADDRESS	500 E. Osceola Street	
14 CITY-ST-ZIP	Stuart, FL 34994	
21 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Beatty, Mark MD	
23 STREET ADDRESS	931 E. Ocean Blvd., Suite C	
24 CITY-ST-ZIP	Stuart, FL 34994	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*Richmond M. Harman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richmond M. Harman, President

4/10/95

(407) 287-5200

Daytime Phone #

CR2E037 (12/95)