


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 301 HOSPITAL AVE STUART FL 34994 US	Mailing Address P O BOX 8010 STUART FL 34995 US
---	---

3. Date Incorporated or Qualified 12/22/1993	
4. FEI Number 65-0486177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
HARMAN, RICHMOND
301 HOSPITAL AVE
STUART FL 34494

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME ULANO, HARVEY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 500 E. OSCEOLA ST.	CITY-ST-ZIP STUART FL 34994	1.2 NAME	
TITLE CD	NAME BEATTY, MARK MD	1.3 STREET ADDRESS	
STREET ADDRESS 931 E. OCEAN BLVD. STE C	CITY-ST-ZIP STUART FL 34994	1.4 CITY-ST-ZIP	
TITLE PD	NAME COCORULLO, L M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 301 HOSPITAL AVE	CITY-ST-ZIP STUART FL	2.2 NAME	
TITLE D	NAME COLLIN, ALAN MD	2.3 STREET ADDRESS	
STREET ADDRESS 509 RIVERSIDE DR., #200	CITY-ST-ZIP STUART FL 34994	2.4 CITY-ST-ZIP	
TITLE TD	NAME WHITAKER, DAVID	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 900 E OCEAN BLVD STE 200	CITY-ST-ZIP STUART FL	3.2 NAME	
TITLE D	NAME HARMAN, RICHMOND M	3.3 STREET ADDRESS	
STREET ADDRESS 301 HOSPITAL AVE	CITY-ST-ZIP STUART FL 34994	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CP2E037 (10/97)