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05-04-1999 90017 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000005733**

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 9010
 STUART FL 34995
 US

7/3024 - 90017 - 37 4 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/22/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0466177	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULANO, HARVEY	1.2 NAME	
STREET ADDRESS	500 E. OSCEOLA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATTY, MARK MD.	2.2 NAME	Suarez, Jose
STREET ADDRESS	931 E. OCEAN BLVD. STE C	2.3 STREET ADDRESS	6103 SE Federal Hwy.
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCORULLO, L M	3.2 NAME	Dennison, Daniel
STREET ADDRESS	301 HOSPITAL AVE	3.3 STREET ADDRESS	411 E Osceola Street
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIN, ALAN MD	4.2 NAME	Baraniak, Gregory
STREET ADDRESS	509 RIVERSIDE DR., #200	4.3 STREET ADDRESS	6216 SE Federal Hwy.
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITAKER, DAVID	5.2 NAME	Clark, Lowell
STREET ADDRESS	900 E OCEAN BLVD STE 200	5.3 STREET ADDRESS	1683 NE Jensen Beach Blvd.
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMAN, RICHMOND M	6.2 NAME	Sabol, Stuart
STREET ADDRESS	301 HOSPITAL AVE	6.3 STREET ADDRESS	844 E. Ocean Blvd.
CITY-ST-ZIP	STUART FL 34994	6.4 CITY-ST-ZIP	Stuart, FL 34994

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

MARTIN MEMORIAL PHYSICIAN-HOSPITAL ORGANIZATION

Additional Officers and Directors

D

Pare, Robert, Jr.
1027 E. Ocean Blvd.
Stuart, FL 34994

D

Gorodetsky, Jeffery
633 East 5th Street
Stuart, FL 34994

D

Robitaille, Mark E.
301 Hospital Ave.
Stuart, FL 34994

D

Donohue, Salvatore
301 Hospital Ave.
Stuart, FL 34994

D

Robbins, Howard
301 Hospital Ave.
Stuart, FL 34994

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