

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90155 032 ***150.00

DOCUMENT # N093000005733

1. Entity Name
 Martin Memorial Physician-Hospital Organization, Inc.

Principal Place of Business Mailing Address
 301 Hospital Ave P O Box 9010
 Stuart FL 34994 Stuart, FL 34995
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Zip Country Country

4. FEI Number Applied For
 65-0466177 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Harman, Richmond
 301 Hospital Ave
 Stuart FL 34494

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BEATTY, MARK MD 931 E. OCEAN BLVD. STE C STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGLIARENI, JOHN 301 HOSPITAL AVE. STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XD COCORULLO, L M 301 HOSPITAL AVE STUART FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMAN, RICHMOND M 301 HOSPITAL AVE STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABOL, STUART 844 E OCEAN BLVD. STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D SABOL, STUART 844 E OCEAN BLVD STUART FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARANIAK, GREGORY 6216 SE FEDERAL HWY. STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, JOSE 6103 SE FEDERAL HWY. STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: J. M. Conley Date: 4/26/00 Daytime Phone #: (561) 287-5200

CR2E034 (9/99)

Doc #

Doc 53990

NP93000005733

MARTIN MEMORIAL PHYSICIAN-HOSPITAL ORGANIZATION, INC.
OFFICERS AND DIRECTORS

D
CLARK, LOWELL
1683 NE JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

D
DENNISON, DANIEL
411 E OSCEOLA STREET
STUART FL 34994

D
PARE, ROBERT JR.
1027 E OCEAN BLVD.
STUART FL 34994

D
GORODETSKY, JEFFERY
633 EAST 5TH STREET
STUART FL 34994

D
ROBITAILLE, MARK
301 HOSPITAL AVE.
STUART FL 34994

D
ROBBINS, HOWARD
301 HOSPITAL AVE.
STUART FL 34994