

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005733

1. Entity Name

Martin Memorial Physician-Hospital Organization, Inc.

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

05-22-2000 90155 032 ***150.00

Principal Place of Business

Mailing Address

301 Hospital Ave
Stuart FL 34994
US

P O Box 9010
Stuart, FL 34995
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0466177

Applied For
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

7. Name and Address of New Registered Agent

Harman, Richmond
301 Hospital Ave
Stuart FL 34494

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

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

(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	CD	<input type="checkbox"/> Delete
NAME	BEATTY, MARK MD	
STREET ADDRESS	931 E. OCEAN BLVD. STE C	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	<input checked="" type="checkbox"/> D	<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	HARMAN, RICHMOND M	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	SABOL, STUART	
STREET ADDRESS	844 E OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARANIAK, GREGORY	
STREET ADDRESS	6216 SE FEDERAL HWY.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, JOSE	
STREET ADDRESS	6103 SE FEDERAL HWY.	
CITY-ST-ZIP	STUART FL 34997	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAGLIARENI, JOHN	
STREET ADDRESS	301 HOSPITAL AVE.	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABOL, STUART	
STREET ADDRESS	844 E OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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