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130

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:23

DOCUMENT # N94000006357 (7)

1. Corporation Name

MARTIN MEMORIAL PHYSICIAN CORPORATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300001476563
-05/04/95--01134--001
****705.00 ****130.00

Principal Place of Business Mailing Address
**300 HOSPITAL AVE
STUART FL 34994** **PO BOX 9010
STUART FL 34995-9010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1994	3a. Date of Last Report
4. FEI Number 65-0556041	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 301 HOSPITAL AVENUE	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

*** CRARY, LAWRENCE E III
555 COLORADO AVE
STUART FL 34994**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARMAN, RICHMOND M
STREET ADDRESS	300 HOSPITAL AVE
CITY - ST - ZIP	STUART FL 34994
TITLE	D
NAME	ROBITAILLE, MARK E
STREET ADDRESS	300 HOSPITAL AVE
CITY - ST - ZIP	STUART FL 34994
TITLE	D
NAME	TAGLIARENI, JOHN C
STREET ADDRESS	300 HOSPITAL AVE
CITY - ST - ZIP	STUART FL 34994
TITLE	D
NAME	COCORULLO, L MARK
STREET ADDRESS	300 HOSPITAL AVE
CITY - ST - ZIP	STUART FL 34994
TITLE	D
NAME	DONOHUE, SALVATORE R MD
STREET ADDRESS	300 HOSPITAL AVE
CITY - ST - ZIP	STUART FL 34994
TITLE	D
NAME	SIPPEL, PHYLLIS
STREET ADDRESS	300 HOSPITAL AVE
CITY - ST - ZIP	STUART FL 34994

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	301 HOSPITAL AVENUE
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	301 HOSPITAL AVENUE
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	301 HOSPITAL AVENUE
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	301 HOSPITAL AVENUE
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	301 HOSPITAL AVENUE
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	301 HOSPITAL AVENUE
6.4 CITY - ST - ZIP	

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 110.07(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 both, in accordance with an address.

SIGNATURE: R.M. Harman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R.M. Harman, Director