

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000006357 (7)**

1. Corporation Name

MARTIN MEMORIAL PHYSICIAN CORPORATION, INC.



Principal Place of Business

Mailing Address

301 HOSPITAL AVE
STUART FL 34994

PO BOX 9010
STUART FL 34996-9010

3. Date Incorporated or Qualified **12/30/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRARY, LAWRENCE E III
555 COLORADO AVE
STUART FL 34994

81 Name

Harman, Richmond M.

82

Street Address (P.O. Box Number is Not Acceptable)

301 Hospital Avenue

83

84

City

Stuart,

FL

85

Zip Code

34994

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]* **Richmond M. Harman, President**

DATE: **4/30/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	ROBITAILLE, MARK E	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAGLIARENI, JOHN C	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COCORULLO, L MARK	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONOHUE, SALVATORE R MD	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIPPEL, PHYLLIS	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL 34994	

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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*****628.75**

[Handwritten initials and numbers]

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 119.07(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 on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richmond M. Harman, President

DATE: **4/30/96**

(407) 287-5200

Daytime Phone #

CR2E037 (12/95)