

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90215 033 \*\*\*\*61.25

**DOCUMENT # N94000006357**

1. Entity Name

**MARTIN MEMORIAL PHYSICIAN CORPORATION, INC.**

Principal Place of Business

Mailing Address

**301 HOSPITAL AVE  
 STUART FL 34994**

**PO BOX 9010  
 STUART FL 34995-9010**

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

**65-0556041**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARMAN, RICHMOND M  
 301 HOSPITAL AVE  
 STUART FL 34994**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME HARMAN, RICHMOND M  
 STREET ADDRESS 301 HOSPITAL AVE  
 CITY-ST-ZIP STUART FL 34994

TITLE D  Change  Addition  
 NAME Ripper, Karen  
 STREET ADDRESS 301 Hospital Ave  
 CITY-ST-ZIP Stuart, FL 34994

TITLE VD  Delete  
 NAME ROBITAILLE, MARK E  
 STREET ADDRESS 301 HOSPITAL AVE  
 CITY-ST-ZIP STUART FL 34994

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME COCORULLO, L MARK  
 STREET ADDRESS 301 HOSPITAL AVE  
 CITY-ST-ZIP STUART FL 34994

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME DONOHUE, SALVATORE R MD  
 STREET ADDRESS 301 HOSPITAL AVE  
 CITY-ST-ZIP STUART FL 34994

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME ROBBINS, HOWARD  
 STREET ADDRESS 301 HOSPITAL AVE  
 CITY-ST-ZIP STUART FL

TITLE SD  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME TAGLIARENI, JOHN C  
 STREET ADDRESS 301 HOSPITAL AVE  
 CITY-ST-ZIP STUART FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **Richmond M. Harman**

SIGNATURE: *Richmond M. Harman* RECORDED/CEB

4/27/2001 (561) 287-5200

CR2E037 (10/00)