

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90116 036 ****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	<input type="checkbox"/> Delete
NAME	HARMAN, RICHMOND M	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBITAILLE, MARK E	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<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	RIPPER, KAREN	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBBINS, HOWARD	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAGLIARENI, JOHN C	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY, AMY	
STREET ADDRESS	301 HOSPITAL AVE	
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		
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		

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.

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

4/24/2002

Date Daytime Phone #

CR2E037 (9/01)