

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006357

**FILED  
Apr 29, 2004  
Secretary of State**

**Entity Name:** MARTIN MEMORIAL PHYSICIAN CORPORATION, INC.

**Current Principal Place of Business:**

301 HOSPITAL AVE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9010  
STUART, FL 349959010

**New Mailing Address:**

**FEI Number:** 65-0556041      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARMAN, RICHMOND M  
301 HOSPITAL AVE  
STUART, FL 34994

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARMAN, RICHMOND M  
Address: 301 HOSPITAL AVE  
City-St-Zip: STUART, FL 34994

Title: VD ( ) Delete  
Name: ROBITAILLE, MARK E  
Address: 301 HOSPITAL AVE  
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete  
Name: COCORULLO, L MARK  
Address: 301 HOSPITAL AVE  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: RIPPER, KAREN  
Address: 301 HOSPITAL AVE  
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete  
Name: ROBBINS, HOWARD  
Address: 301 HOSPITAL AVE  
City-St-Zip: STUART, FL

Title: VD ( ) Delete  
Name: TAGLIARENI, JOHN C  
Address: 301 HOSPITAL AVE  
City-St-Zip: STUART, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHMOND M. HARMAN

PD

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

BARRY, AMY DIRECTOR  
301 HOSPITAL AVENUE  
STUART, FL 34994