


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90049 018 ****61.25

DOCUMENT # N94000006357

1. Entity Name
MARTIN MEMORIAL PHYSICIAN CORPORATION, INC.



Principal Place of Business 301 HOSPITAL AVE STUART, FL 34994	Mailing Address PO BOX 9010 STUART, FL 34995-9010
---	---

DO NOT WRITE IN THIS SPACE

40001300



04032007 No Chg-NP CR2E037 (4/06)

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

HARMAN, RICHMOND M
 301 HOSPITAL AVE
 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARMAN, RICHMOND M 301 HOSPITAL AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBITAILLE, MARK E 301 HOSPITAL AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COCORULLO, L MARK 301 HOSPITAL AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPPER, KAREN 301 HOSPITAL AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, HOWARD 301 HOSPITAL AVE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAGLIARENI, JOHN C 301 HOSPITAL AVE STUART, FL

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *R M Harman* **4/12/2007** **772-287-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
H0D97H93

N94000006357

MARTIN MEMORIAL PHYSICIAN CORPORATION

ADDITIONAL OFFICERS AND DIRECTORS

D
BARRY, AMY
301 HOSPITAL AVENUE
STUART, FL 34994

D
BRINK, ARTHUR
301 HOSPITAL AVE.
STUART, FL 34994

D
COTY, MIGUEL
301 HOSPITAL AVENUE
STUART, FL 34994