05041999-90017-036-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003666

1. Corporation Name
MMHS IPA, INC.

563794 - 90003 - 21

Principal Place of Business	Mailing Address
C/O MARTIN MEMORIAL HEALTH SYSTEMS. INC. 300 SE HOSPITAL DRIVE STUART FL 34994	C/O MARTIN MEMORIAL HEALTH SYSTEMS. INC. 300 SE HOSPITAL DRIVE STUART FL 34994

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/23/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0883606 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBITAILLE, MARK E
C/O MARTIN MEMORIAL HEALTH SYSTEMS, INC.
300 SE HOSPITAL DRIVE
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	LEVY, ROBERT I		1.2 NAME		
STREET ADDRESS	300 SE HOSPITAL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	CD	☐ Change ☒ Addition
NAME	DONOHUE, SALVATORE R		2.2 NAME	Palmeri, Norman	
STREET ADDRESS	300 SE HOSPITAL DRIVE		2.3 STREET ADDRESS	1695 SE Hillmoor Drive, Suite C	
CITY-ST-ZIP	STUART FL 34994		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ROBBINS, HOWARD W		3.2 NAME	Goyal, Anil	
STREET ADDRESS	300 SE HOSPITAL DRIVE		3.3 STREET ADDRESS	2401 Frist Blvd. Suite 2	
CITY-ST-ZIP	STUART FL 34994		3.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	D	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	COCORULLO, MARK L		4.2 NAME		
STREET ADDRESS	300 SE HOSPITAL DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ROBITAILLE, MARK E		5.2 NAME	Marcol, Bogdan	
STREET ADDRESS	300 SE HOSPITAL DR		5.3 STREET ADDRESS	2100 Nebraska Ave. Suite 111	
CITY-ST-ZIP	STUART FL 34994		5.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HARMAN, RICHMOND M		6.2 NAME	Wengler, W. Edward	
STREET ADDRESS	300 SE HOSPITAL DR		6.3 STREET ADDRESS	835 E. Osceola Street, #A	
CITY-ST-ZIP	STUART FL 34994		6.4 CITY-ST-ZIP	Stuart, FL 34994	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/99 (561) 223-4938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05041999-99017-036-$61.25-$61.25

563794-90003-21
N98000003666

MMHS IPA, INC.

Additional Officers and Directors

VC
Carlson, William
509 Riverside Drive #302
Stuart FL 34994

D
Channon, Christopher
2201 South 10th Street #A
Ft. Pierce, FL 34950

D
Holley, Daniel
1901 S.E. Port St. Lucie Blvd.
Port St. Lucie, FL 34952