

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003666

1. Entity Name

MMHS IPA, INC.

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90002 045 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0883606

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

ROBITAILLE, MARK E  
C/O MARTIN MEMORIAL HEALTH SYSTEMS, INC.  
300 SE HOSPITAL DRIVE  
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	SD	<input type="checkbox"/> Delete
NAME	LEVY, ROBERT I	
STREET ADDRESS	300 SE HOSPITAL DRIVE	
CITY-ST-ZIP	STUART FL 34994	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PALMERI, NORMAN	
STREET ADDRESS	1695 S.E. HILLMOOR DRIVE, STE. C	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	GOYAL, ANIL	
STREET ADDRESS	2401 FIRST BLVD., SUITE 2	
CITY-ST-ZIP	FORT PIERCE FL 34950	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> Delete
NAME	COCORULLO, MARK L	
STREET ADDRESS	300 SE HOSPITAL DR	
CITY-ST-ZIP	STUART FL 34994	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCORULLO, L MARK	
STREET ADDRESS	300 SE HOSPITAL DR	
CITY-ST-ZIP	STUART FL 34994	

TITLE	D	<input type="checkbox"/> Delete
NAME	MARCOL, BOGDAN	
STREET ADDRESS	2100 NEBRASKA AVENUE, STE. 111	
CITY-ST-ZIP	FORT PIERCE FL 34950	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	HARMAN, RICHMOND M	
STREET ADDRESS	300 SE HOSPITAL DR	
CITY-ST-ZIP	STUART FL 34994	

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:

*Richmond M. Harman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 (561) 287-5200

Date

Daytime Phone #

CR2E037 (9/99)

Attach  
DWS 1856  
OFF N98000003666

MARTIN MEMORIAL IPA, INC.  
N98000003666

*Additional Officers and Directors*

D  
WENGLER, W EDWARD MD  
835 E OSCEOLA STREET # A  
STUART FL 34994

C/D  
CARLSON, WILLIAM MD  
509 RIVERSIDE DRIVE #302  
STUART FL 34994

D  
CHANNON, CHRISTOPHER MD  
2201 SOUTH 10TH STREET #A  
FT PIERCE FL 34950

D  
HOLLEY, DANIEL MD  
1901 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952

D  
ROBITAILLE, MARK E  
300 HOSPITAL DR  
STUART FL 34994

D  
ROBBINS, HOWARD MD  
300 HOSPITAL DR  
STUART FL 34994