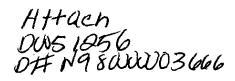
## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9800003666 May 20, 2000 8:00 am 1. Entity Name Secretary of State mmhs ipa, inc. 05-20-2000 90002 045 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O MARTIN MEMORIAL HEALTH SYSTEMS. INC. C/O MARTIN MEMORIAL HEALTH SYSTEMS, INC. 300 SE HOSPITAL DRIVE 300 SE HOSPITAL DRIVE STUART FL 34994 STUART FL 34994 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0883606 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROBITAILLE, MARK E C/O MARTIN MEMORIAL HEALTH SYSTEMS, INC. 300 SE HOSPITAL DRIVE Zip Code City STUART FL 34994 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LEVY, ROBERT 1 NAME STREET ADDRESS STREET ADDRESS 300 SE HOSPITAL DRIVE CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Addition CD Delete ☐ Change TITLE PALMERI, NORMAN NAME NAME STREET ADDRESS STREET ADDRESS 1695 S.E. HILLMOOR DRIVE, STE. C CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE FL 34952 TITLE Change - 🔲 Addition ☐ Delete TITLE NAME GOYAL, ANIL NAME STREET ADDRESS 2401 FIRST BLVD., SUITE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT PIERCE FL 34950 ŤĎ Change ☐ Addition TITLE ☐ Delete TITLE COCORULLO, L MARK NAME COCORULLO, MARK L NAME 300 SE HOSPITAL DR STREET ADDRESS STREET ADDRESS 300 SE HOSPITAL DR CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP STUART FL 34994 ☐ Change Addition ☐ Delete TITLE MARCOL, BOGDAN NAME STREET ADDRESS STREET ADDRESS 2100 NEBRASKA AVENUE, STE. 111 CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34950 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME HARMAN, RICHMOND M NAME STREET ADDRESS STREET ADDRESS 300 SE HOSPITAL DR CITY-ST-ZIP CITY-ST-7IP STUART FL 34994 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

ERER. M. Harban

changed, or on an attachment



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