

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003666

1. Entity Name

MMHS IPA, INC.

Principal Place of Business

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

Mailing Address

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 ☐ Delete  
NAME LEVY, ROBERT I  
STREET ADDRESS 300 SE HOSPITAL DRIVE  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GOYAL, ANIL  
STREET ADDRESS 2401 FIRST BLVD., SUITE 2  
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME COCORULLO, MARK L  
STREET ADDRESS 300 SE HOSPITAL DR  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MARCOL, BOGDAN  
STREET ADDRESS 2100 NEBRASKA AVENUE, STE. 111  
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARMAN, RICHMOND M  
STREET ADDRESS 300 SE HOSPITAL DR  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Change ☒ Addition  
NAME CARLSON, WILLIAM MD  
STREET ADDRESS 509 RIVERSIDE DRIVE # 302  
CITY-ST-ZIP STUART, FL 34994

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.

Richmond M. Harman

SIGNATURE:

*Richmond M. Harman*

4/27/2001

(561) 287-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

Attachment

N98000003666  
MMHS IPA, INC.

650722  
N98000003666

ADDITIONAL OFFICERS AND DIRECTORS

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

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

D  
YOUNG, ERIC MD  
1651 SE TIFFANY AVE  
PORT ST. LUCIE, FL 34952

D  
ROBBINS, HOWARD MD  
201 HOSPITAL AVE.  
STUART, FL 34994

D  
ROBITAILLE, MARK E.  
201 HOSPITAL AVE.  
STUART, FL 34994

D  
COHEN, DEAN MD  
1651 SE TIFFANY AVE  
PORT ST. LUCIE, FL 34952

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