

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766554

Entity Name: MARTIN MEMORIAL HEALTH SYSTEMS, INC.**Current Principal Place of Business:**200 HOSPITAL AVE
STUART, FL 34994**Current Mailing Address:**PO BOX 9010
STUART, FL 34995 US**FEI Number:** 59-2307522**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LORD, ROBERT L JR.
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, VC
Name LICHTENBERGER, H WILLIAM
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, SECRETARY
Name WEBB, THEORA
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, CHAIRMAN
Name SALERNO, FREDERIC
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title CHAIRMAN, DIRECTOR
Name MAROONE, MICHAEL
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, TREASURER
Name GLASS, STEVEN C
Address 9500 EUCLID AVENUE
 MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title CHIEF ACCOUNTING OFFICER &
 CONTROLLER
Name LONGVILLE, TIMOTHY
Address 9500 EUCLID AVENUE
 MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title SECRETARY
Name ROWAN, DAVID
Address 9500 EUCLID AVENUE
 MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID ROWAN**SECRETARY****06/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name OBLANDER, JASON
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name HOCKMEYER, WAYNE PHD
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name MACDONALD, WILLIAM III
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name SCOTT, HAROLD LEE
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name MIHALJEVIC, TOMISLAV MD
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title ASST. SECRETARY
Name DEL CASTILLO, BARBARA
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name RICH, ROBERT JR
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name MOONEY, BETH
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name PETRAS, MICHAEL
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name WEBER, ROBERT
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name IANNOTTI, JOSEPH MD
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title ASST. TREASURER
Name MOEHRING, MICHAEL
Address PO BOX 9010
City-State-Zip: STUART FL 34995