**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 09, 2015**
**Secretary of State**
**CC1276709833**

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:**

LORD, ROBERT L JR.
200 HOSPITAL AVE
STUART, FL 34994 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: ROBERT L. LORD JR. 04/09/2015

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | CHAIRMAN |
| Name | LOEWENBERG, JOHN |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | PRESIDENT, DIRECTOR |
| Name | ROBITAILLE, MARK E |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | CHAIRMAN, DIRECTOR |
| Name | DENNY, DWIGHT |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

| | |
|---|---|
| Title | TREASURER |
| Name | MONDELLO, JAMES |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | DIRECTOR |
| Name | ZIEGLER, JOHN JR |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | DIRECTOR, TREASURER |
| Name | ORR, JAMES III |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | PRESIDENT |
| Name | HOLLEY, DANIEL MD |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | DIRECTOR, ASST. SECRETARY |
| Name | LORD, ROBERT L JR. |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

**Continues on page 2**

*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: ROBERT L. LORD JR CHIEF OPERATING OFFICER 04/09/2015

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | GENERAL COUNSEL |
| Name | CRARY, LARRY ESQ. |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | DIRECTOR |
| Name | WEAKLEY, TIFFANY DR. |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | SECRETARY |
| Name | LICHTENBERGER, H WILLIAM |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | DIRECTOR |
| Name | ZIEGLER, JOHN JR |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | DIRECTOR |
| Name | MINTON, MICHAEL |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | DIRECTOR |
| Name | KISSLING, SUZANNE |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | ASST. TREASURER |
| Name | CLEAVER, CHARLES |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | DIRECTOR |
| Name | MINTON, MICHAEL |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | SECRETARY |
| Name | LICHTENBERGER, H WILLIAM |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |

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|---|---|
| Title | DIRECTOR |
| Name | ZIEGLER, JOHN JR |
| Address | 200 HOSPITAL AVE |
| City-State-Zip: | STUART FL 34994 |