

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007122

**Entity Name:** SAINT MARTIN DE PORRES MEDICAL CENTER, INC.**Current Principal Place of Business:**6035 S.W. 54TH STREET  
SUITE 101  
OCALA, FL 34474**Current Mailing Address:**6035 S.W. 54TH STREET  
SUITE 101  
OCALA, FL 34474 US**FEI Number:** 47-2071388**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RICCI, SYLVESTER M  
6035 SW 54TH STREET - STE. 101  
OCALA, FL 34474 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	DIRECTOR
Name	STEINER, LOIS JEAN
Address	6035 S.W. 54TH STREET SUITE 101
City-State-Zip:	OCALA FL 34474
Title	D
Name	AVIZINIS, PAUL
Address	6035 SW 54TH ST - STE. 101
City-State-Zip:	OCALA FL 34474
Title	DST
Name	RICCI, SYLVESTER
Address	6035 SW 54TH ST - STE. 101
City-State-Zip:	OCALA FL 34474

Title	D
Name	MCCURDY, BEATE
Address	6035 SW 54TH ST - STE. 101
City-State-Zip:	OCALA FL 34474
Title	D
Name	SCHAEFER, EDWARD
Address	6035 SW 54TH ST - STE. 101
City-State-Zip:	OCALA FL 34474

*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:** SYLVESTER M RICCI**DIRECTOR****08/24/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date