

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006357

Entity Name: MARTIN MEMORIAL PHYSICIAN CORPORATION, INC.

Current Principal Place of Business:

200 HOSPITAL AVE
STUART, FL 34994

FILED
Apr 06, 2017
Secretary of State
CC7340158758

Current Mailing Address:

PO BOX 9010
STUART, FL 34995 US

FEI Number: 65-0556041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOSSUM, MARIAN
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: MARIAN WOSSUM

04/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name COLLINS, ED
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

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

Title DIRECTOR
Name COTY, MIGUEL
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name METCALF, ANGIE
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title VP
Name PETRY, FERNANDO DO
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name DEBONET, ALEX MD
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title SECRETARY
Name FLIPPO, LIBBY
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: WOSSUM, MARIAN

CLO

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCLAIN, JESSICA
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name WOSSUM, MARIAN
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name FLANAGAN, ED DO
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name ROTHSTEIN, LARRY DR.
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994