

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

DOCUMENT# N94000006357

**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC9160903697**

**Entity Name:** MARTIN MEMORIAL PHYSICIAN CORPORATION, INC.

**Current Principal Place of Business:**

200 HOSPITAL AVE  
STUART, FL 34994

**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:**

THOMAS, RAMONA  
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:** RAMONA THOMAS

04/17/2018

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           HODDER, CORBIN DO  
Address        200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

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

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

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

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

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

Title           SECRETARY, DIRECTOR  
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:** RAMONA THOMAS

**DIRECTOR**

04/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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