

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006357

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

**Current Principal Place of Business:**

200 SE HOSPITAL AVENUE  
STUART, FL 34994

**Current Mailing Address:**

200 SE HOSPITAL AVENUE  
STUART, FL 34994 US

**FEI Number:** 65-0556041

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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, DIRECTOR  
Name            VICKERS, JEAN MD  
Address        200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            SZENTIRMAI, OSZKAR M.D.  
Address        200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            SKLOW, BRADFORD M.D.  
Address        200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            SINGH, RISHI M.D.  
Address        200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            SAVAGE, EDWARD M.D.  
Address        200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            SASIDHAR, MADHU M.D.  
Address        200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title            DIRECTOR, ASSISTANT TREASURER  
Name            ROCHESTER, CHARMAINE  
                  DHA,CPA,FACH  
Address        200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title            VP, DIRECTOR  
Name            PETRY, FERNANDO D.O.  
Address        200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

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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:** DEL CASTILLO , BARBARA , ESQ.

**SECRETARY**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name OBLANDER, R. JASON  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title CHIEF FINANCIAL OFFICER AND TREASURER  
Name LARAWAY, DENNIS  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GLICKMAN, JEFFREY M.D.  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name EVANS, PETER M.D., PH.D.  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title SECRETARY  
Name DEL CASTILLO, BARBARA ESQ.  
Address 2950 CLEVELAND CLINIC BOULEVARD  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name BAKER, RODERICK M.D.  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title CHIEF ACCOUNTING OFFICER AND  
CONTROLLER  
Name LONGVILLE, TIMOTHY L.  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name KHERA, SURENDRA M.D.  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GABEAU, DARLENE M.D.  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name DIGIORGIO, LORENZO M.D.  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name CATO, DAVID  
Address 200 SE HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994