

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006357

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC8225457258**

**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:**

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.

04/14/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            DIRECTOR  
Name            GRIFFITH, DONNA  
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            DIRECTOR  
Name            CHINDEMI, CRAIG  
Address        200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title            SECRETARY  
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

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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:** ROBERT L. LORD JR.

**SVP, CHIEF LEGAL  
OFFICER**

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name SKEHAN, MICHAEL MD  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994