

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006357

FILED
Apr 16, 2013
Secretary of State
CC4110453279

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 LJR
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: _____

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 COCORULLO, L MARK
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, ROB 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: MARK ROBITAILLE

CEO

04/16/2013

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