

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N94000006357

Apr 18, 2024

Entity Name: MARTIN MEMORIAL PHYSICIAN CORPORATION, INC.

**Secretary of State
1828916464CC**

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

Title SECRETARY
Name DEL CASTILLO, BARBARA ESQ.
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

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

Title ASSISTANT SECRETARY
Name OBLANDER, R. JASON
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 DIRECTOR
Name KHERA, SURENDRA M.D.
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 SKLOW, BRADFORD M.D.
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: BARBARA DEL CASTILLO ESQ.

SECRETARY

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name VICKERS, JEAN MD
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 GABEAU, DARLENE M.D.
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 CATO, DAVID
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 PRESIDENT
Name VICKERS, JEAN MD
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994