

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006357

FILED
Jun 01, 2021
Secretary of State
7024753267CC

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:

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 DIRECTOR
Name LOPES, GUSTAVO DO
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name SAVAGE, EDWARD M.D.
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name EVANS, PETER MD, PHD
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name WICINA, GENON MD
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title VP
Name PETRY, FERNANDO DO
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title PRESIDENT
Name VICKERS, JEAN MD
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, TREASURER
Name GLASS, STEVEN C
Address 9500 EUCLID AVENUE
MAILCODE NA4
City-State-Zip: CLEVELAND OH 44195

Title CHIEF ACCOUNTING OFFICER &
CONTROLLER
Name LONGVILLE, TIMOTHY
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

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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

ASSISTANT SECRETARY 06/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name OBLANDER, JASON
Address 9500 EUCLID AVENUE
MAILCODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name BURKE, MICHAEL MD
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name DIGIORGIO, LORENZO M.D.
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name BAKER, RODERICK M.D.
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name GLICKMAN, JEFFREY MD
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title ASST. SECRETARY
Name DEL CASTILLO, BARBARA
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name SZENTIRMAI, OSZKAR M.D.
Address PO BOX 9010
City-State-Zip: STUART FL 34995