

APPLICATION FOR APPOINTMENT – Martin County Health Facilities Authority – Please Print

RECEIVED

By Donna Gordon at 1:54 pm, Dec 10, 2025

Check One: Mr. Mrs. Ms. Miss Dr.

Name: Louis MARK Cocorullo **INCUMBENT**

Residence Address: 20 ISLAND Rd, Stuart, FL 34996
Street/City/Zip Code

Mailing Address: _____
(If different) Street/City/Zip Code

Commission District in which you reside: 124 If left blank, Staff will complete.

Are you available year round to attend meetings? yes no If no, what months are you available?

Telephone numbers: 1st: 285-9514 alternate: _____ alternate: _____
Area Codes are considered 772 unless you note otherwise.

EMAIL: captLMC@GMAIL.COM

Are you a Martin County registered voter? yes no

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred, been placed on probation, received a suspended sentence or forfeited bail in connection with any offense (except minor traffic violations)? Please show all convictions, including driving while intoxicated (DUI) convictions. yes no If yes, please provide the following information:

TYPE OF OFFENCES: _____

DATES: _____

PLACES (city/state): _____

SENTENCES OR FINES: _____

A conviction record does not necessarily disqualify you for consideration. Factors such as age at time of offense, nature of violation, and rehabilitation will be considered. The Martin County Board of County Commissioners retains the right to remove, at will, any appointee to a Board or Committee with or without cause.

EDUCATION/EXPERIENCE: A resume is recommended to be attached containing this and any other information that would be helpful to the Board in evaluating your application. Resume or letter of qualifications attached? yes no

Education: MS in Healthcare Finance - U of S. Carol, WA
BS in Business - Northeastern U.

→ CONTINUED →

Employment Experience: Healthcare CFO for 35 years
CPA & CFP.

Other experience you feel would be helpful to the Board in making this appointment: _____

Community Experience and Affiliations: _____

Other County Boards/Committees/Task Forces on which you have served: _____

Do you or any member of your immediate family work for Martin County or do you or a company that you are an officer or employee of have an existing contract with Martin County? If yes, please explain:
NO

REFERENCES: Please list two references:

Chuck Cleaver John FLANIGAN

- Applicant may be required by State Law and County Ordinance to file a Financial Disclosure Statement as part of the appointment process.
- Florida law prohibits an advisory board member from doing business with its agency (the County). Sections 112.313(3) and (7), Florida Statutes. However, upon full disclosure by the Applicant, the conflict may be waived at the discretion of the Board of County Commissioners by a supermajority vote. Section 112.313(12), Florida Statutes.

→ Signature: L. M. Gordon

Date: 12/10/25

Applications must be filed with Martin County Administration, 2401 SE Monterey Road, Stuart, Florida 34996 by Friday, January 2, 2026. All information submitted becomes public record. If you have any questions, please call (772) 221-1352 or send email to dgordon@martin.fl.us.