FILE NOW: FILING FEE IS $61.25

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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739163 (4)

1. Corporation Name

MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1200 DRUID ROAD SOUTH CLEARWATER FL 34616	1200 DRUID ROAD SOUTH CLEARWATER FL 34616-1926

3. Date Incorporated or Qualified: 05/26/1977
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-1751535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARQUARDT, EMIL C., JR.
845 INDIAN ROCKS ROAD
BELLEAIR FL 33516

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JAMES A. JR		1.2 NAME		
STREET ADDRESS	PO BOX 1669 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERRARRA, V. RAYMOND		2.2 NAME		
STREET ADDRESS	611 DRUID ROAD EAST, STE 105		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	VCD	☒ DELETE	3.1 TITLE	VCD	☐ Change ☒ Addition
NAME	MCELVEEN, RODNEY P.		3.2 NAME	CHEEK, CARROLL	
STREET ADDRESS	288 BELLEVIEW BLVD		3.3 STREET ADDRESS	415 BAYVIEW DR	
CITY-ST-ZIP	BELLEAIR FL		3.4 CITY-ST-ZIP	BELLEAIRE, FL 34616	
TITLE	S	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	KRUEZIGER, PETER		4.2 NAME	HURLEY, RENEE'	
STREET ADDRESS	150 MARINA PLAZA		4.3 STREET ADDRESS	3022 OAKMONT DR	
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
TITLE	VCD	☒ DELETE	5.1 TITLE	VCD	☐ Change ☒ Addition
NAME	NELSON, DAVID F.		5.2 NAME	HALL, BARBARA J.	
STREET ADDRESS	3483 US ALTERNATE 19		5.3 STREET ADDRESS	2652 SABAL SPRINGS DR #6	
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
TITLE	ATD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, WILLIAM		6.2 NAME		
STREET ADDRESS	29605 US 19 NORTH, STE 140		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

4/28/97