

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 **1200 DRUID ROAD SOUTH**
CLEARWATER FL 34616 **CLEARWATER FL 34616**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	05/26/1977
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
7. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARQUARDT, EMIL C., JR. 845 INDIAN ROCKS ROAD BELLEAIR FL 33516	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 685 COURT STREET 83 2ND FLOOR 84 City CLEARWATER FL 85 Zip Code 33756

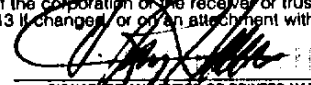
NEW ADDRESS ONLY →

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	VCD
NAME	MARTIN, JAMES A. JR	1.2 NAME	MCELVEN, RODNEY P.
STREET ADDRESS	PO BOX 1060 N/A	1.3 STREET ADDRESS	188 BELLEVUE BLVD.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	BELLEAIR, FL 33756-1914
TITLE	TD	2.1 TITLE	CD
NAME	FERRARA, 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	3.1 TITLE	
NAME	CHEEK, CARROLL	3.2 NAME	
STREET ADDRESS	415 BAYVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	HURLEY, RENEE	4.2 NAME	
STREET ADDRESS	3022 OAKMONT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	VCD	5.1 TITLE	
NAME	HALL, BARBARA J	5.2 NAME	
STREET ADDRESS	2657 SABAL SPRINGS DR #6	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	ATD	6.1 TITLE	TD
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	

14. I 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.

SIGNATURE:  **V. RAYMOND FERRARA, CHAIRMAN 4/24/98** 813-462-7036

CR2E037 (1097)