FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90167 029 ****70.00

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DOCUMENT # 739163

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/26/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1751535 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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	VCD	☒ DELETE	1.1 TITLE	VICE CHAIRMAN	☐ Change ☒ Addition
NAME	MCELVEEN, RODNEY P		1.2 NAME	BRUCE E. FYFE	
STREET ADDRESS	288 BELLEVIEW BLVD		1.3 STREET ADDRESS	611 DRUID RD. EAST STE 707	
CITY-ST-ZIP	BELLEAIR FL 33756		1.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	TD	☐ DELETE	2.1 TITLE	CHAIRMAN	☒ 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	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HURLEY, RENEE'		3.2 NAME		
STREET ADDRESS	3022 OAKMONT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	VCD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HALL, BARBARA J		4.2 NAME		
STREET ADDRESS	2657 SABAL SPRINGS DR #6		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, WILLIAM		5.2 NAME		
STREET ADDRESS	29605 US 19 NORTH, STE 140		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: V. RAYMOND FERRARRA 4/23/99 727-462-7036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)