2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# 739163

Entity Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

1200 DRUID ROAD SOUTH
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1200 DRUID ROAD SOUTH
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-1751535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: HENDERSON, PHIL M
Address: 200 SEMINOLE STREET
City-St-Zip: CLEARWATER, FL 33755

Title: VCD ( ) Delete
Name: NASH, THOMAS C II
Address: P.O. BOX 1669
City-St-Zip: CLEARWATER, FL 33757

Title: TD ( ) Delete
Name: RIDENOUR, NANCY M
Address: 29605 U.S. 19 NORTH, STE 140
City-St-Zip: CLEARWATER, FL 33761

Title: V ( ) Delete
Name: HARMON, LARRY F
Address: 1200 DRUID RD SOUTH
City-St-Zip: CLEARWATER, FL 33756

Title: SD ( ) Delete
Name: DUTTON, WALLACE W III
Address: 601 CLEVELAND STREET, STE 900
City-St-Zip: CLEARWATER, FL 33756

Title: P ( ) Delete
Name: DUNCAN, HOLLY H
Address: 1200 DRUID RD SOUTH
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: HENDERSON, PHIL M
Address: P.O. BOX 3563
City-St-Zip: CLEARWATER, FL 33767

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: RIDENOUR, NANCY M
Address: 29750 U.S. 19 NORTH, STE 140
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY F. HARMON V 04/12/2007

Electronic Signature of Signing Officer or Director — Date