2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
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: TD
Name: BIRCH, DOUGLAS R
Address: 1401 COURT ST
City-St-Zip: CLEARWATER, FL 33756

Title: SD
Name: DOYLE, ROSALEEN J
Address: 7 STONEGATE DR
City-St-Zip: BELLEAIR, FL 33756

Title: CD
Name: RIDENOUR, NANCY M
Address: 29750 U.S. 19 NORTH, STE 101
City-St-Zip: CLEARWATER, FL 33761

Title: VCD
Name: WATROUS, JAMES S
Address: 715 S. FT. HARRISON AVE
City-St-Zip: CLEARWATER, FL 33756

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

Title: VP
Name: HARMON, LARRY F
Address: 1200 DRUID RD SOUTH
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: LARRY F. HARMON VP 03/16/2011

Electronic Signature of Signing Officer or Director — Date