

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739163

Entity Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.**Current Principal Place of Business:**2536 COUNTRYSIDE BLVD
SUITE 600
CLEARWATER, FL 33763**Current Mailing Address:**2536 COUNTRYSIDE BLVD
SUITE 600
CLEARWATER, FL 33763 US**FEI Number:** 59-1751535**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAYCARE HEALTH SYSTEMS, INC.
ATTN: LEGAL SERVICES DEPARTMENT
2985 DREW STREET
CLEARWATER, FL 33759 US*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**Officer/Director Detail :**

Title	SD
Name	PAIKOFF, NANCY S.
Address	2536 COUNTRYSIDE BLVD SUITE 600
City-State-Zip:	CLEARWATER FL 33763

Title	VC
Name	KUREY, THOMAS J III
Address	2536 COUNTRYSIDE BLVD SUITE 600
City-State-Zip:	CLEARWATER FL 33763

Title	P
Name	MASON, KATRINA
Address	2536 COUNTRYSIDE BLVD SUITE 600
City-State-Zip:	CLEARWATER FL 33763

Title	CHAIRMAN
Name	BRETHAUER, JON M
Address	2536 COUNTRYSIDE BLVD SUITE 600
City-State-Zip:	CLEARWATER FL 33763

Title	VP
Name	LANE, KATHRYN E
Address	2536 COUNTRYSIDE BLVD SUITE 600
City-State-Zip:	CLEARWATER FL 33763

Title	VP
Name	BARSEMA, ERIC C
Address	2536 COUNTRYSIDE BLVD SUITE 600
City-State-Zip:	CLEARWATER FL 33763

Title	TREASURER
Name	CROY RAMEY, NANCY
Address	2536 COUNTRYSIDE BLVD SUITE 600
City-State-Zip:	CLEARWATER FL 33763

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: KATHRYN E. LANEVP OF PHILANTHROPIC
OPERATIONS

01/27/2025

Electronic Signature of Signing Officer/Director Detail_____
Date