2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2019
Secretary of State
5935382844CC

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

Current Principal Place of Business:

1200 DRUID ROAD SOUTH
CLEARWATER, FL 33756

Current Mailing Address:

1200 DRUID ROAD SOUTH
CLEARWATER, FL 33756 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 STEET
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	TD
Name	NIEWIERSKI, SYDNEY E
Address	1200 DRUID ROAD SOUTH
City-State-Zip:	CLEARWATER FL 33756

Title	SD
Name	FERENZ, DARLENE D.
Address	1200 DRUID ROAD SOUTH
City-State-Zip:	CLEARWATER FL 33756

Title	VC
Name	FISHER, WILLIAM J JR.
Address	1200 DRUID ROAD SOUTH
City-State-Zip:	CLEARWATER FL 33756

Title	P
Name	MORGAN, ERNESTINE A
Address	1200 DRUID ROAD SOUTH
City-State-Zip:	CLEARWATER FL 33756

Title	CHAIRMAN
Name	RICH, MARION R
Address	1200 DRUID ROAD SOUTH
City-State-Zip:	CLEARWATER FL 33756

Title	OTHER
Name	LANE, KATHRYN E
Address	1200 DRUID ROAD SOUTH
City-State-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: KATHRYN E. LANE DIRECTOR OF FINANCE 03/20/2019

Electronic Signature of Signing Officer/Director Detail — Date