

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **708987** (3)

95 MAY -1 PM 1:03

1. Corporation Name
MORTON PLANT HOSPITAL ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 210 CLEARWATER FL 34617 US
P.O. BOX 210 CLEARWATER FL 34617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1965** 3a. Date of Last Report **03/11/1994**
4. FEI Number **59-0624462** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUARDT EMIL C JR ESQ
MCMULLEN EVERETT LOGAN MARQUARDT & CLINE
400 CLEVELAND ST
CLEARWATER FL 34616

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	LOGAN, FRANK C.
STREET ADDRESS	400 CLEVELAND ST.
CITY - ST - ZIP	CLEARWATER FL
TITLE	C
NAME	STAFFORD, WILLIAM M
STREET ADDRESS	1305-E. S. FT. HARRISON
CITY - ST - ZIP	CLEARWATER FL
TITLE	VC
NAME	PETERSON, RONALD D.
STREET ADDRESS	10879 BARDES CT.
CITY - ST - ZIP	LARGO FL
TITLE	VC
NAME	BURWELL, ROBERT C.
STREET ADDRESS	400 CLEVELAND ST.
CITY - ST - ZIP	CLEARWATER FL
TITLE	S
NAME	CUMMINGS, MARY
STREET ADDRESS	1829 NOTTINGHAM LANE
CITY - ST - ZIP	CLEARWATER FL
TITLE	Y
NAME	KORPAN, RICHARD
STREET ADDRESS	1 PROGRESS PLAZA, 25TH FLOOR
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VCD George M. CANTONIS
2.3 STREET ADDRESS	Po Box 338
2.4 CITY - ST - ZIP	TARPEN SPRINGS, FL 34688
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELIMINATE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ELIMINATE
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: 4/3/95 813 734-6194
DATE: _____