

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 22 1996 8:00 am
Secretary of State

DOCUMENT # 708987 (3)
1. Corporation Name
MORTON PLANT HOSPITAL ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 05/19/1965
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-0624462	Applied For: <input type="checkbox"/>	Not Applicable: <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	25. Country	28. Zip	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. 900001872849 -06/24/96--01027--016	84. City: ***61.25	85. Zip Code: FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	LOGAN, FRANK C. <input checked="" type="checkbox"/> DELETE	1.1 TITLE: C	Cantonis, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LOGAN, FRANK C.	400 CLEVELAND ST.	1.2 NAME: Cantonis, George	PO Box 338
STREET ADDRESS: 400 CLEVELAND ST.	CLEARWATER FL	1.3 STREET ADDRESS: N/A	Tarpons Springs, FL 34688
CITY-ST-ZIP: CLEARWATER FL		1.4 CITY-ST-ZIP: N/A	
TITLE: VCD	CANTONIS, GEORGE M <input type="checkbox"/> DELETE	2.1 TITLE: VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: CANTONIS, GEORGE M	P OBOX 338	2.2 NAME: Blumencranz, Peter	210 Jeffords St
STREET ADDRESS: P OBOX 338	TARPON SPRINGS FL	2.3 STREET ADDRESS: Clearwater, FL 34616	
CITY-ST-ZIP: TARPON SPRINGS FL		2.4 CITY-ST-ZIP: Clearwater, FL 34616	
TITLE: SO	CUMMINGS, MARY <input type="checkbox"/> DELETE	3.1 TITLE: S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CUMMINGS, MARY	1829 NOTTINGHAM LANE	3.2 NAME: Korpan, Richard	PO Box 33042
STREET ADDRESS: 1829 NOTTINGHAM LANE	CLEARWATER FL	3.3 STREET ADDRESS: St. Petersburg, FL 33733	
CITY-ST-ZIP: CLEARWATER FL		3.4 CITY: St. Petersburg, FL 33733	
TITLE: TD	KORPAN, RICHARD <input type="checkbox"/> DELETE	4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KORPAN, RICHARD	1 PROGRESS PLAZA, 25TH FLOOR	4.2 NAME: PAUL BORRELLI MD	323 JEFFORDS ST
STREET ADDRESS: 1 PROGRESS PLAZA, 25TH FLOOR	ST. PETERSBURG FL	4.3 STREET ADDRESS: CLEARWATER, FL 34616	
CITY-ST-ZIP: ST. PETERSBURG FL		4.4 CITY-ST-ZIP: CLEARWATER, FL 34616	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: D	ALAN BONSTEIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		5.2 NAME: ALAN BONSTEIN	620 DREW ST
STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: CLEARWATER, FL 34615	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP: CLEARWATER, FL 34615	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		6.2 NAME: MARY CUMMINGS	504 S. HERCULES AVE
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: CLEARWATER, FL 34624	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: CLEARWATER, FL 34624	

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Frank V. Murphy III* Frank V. Murphy III 3-21-96 813-734-6194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)



Morton Plant
HOSPITAL

Morton Plant Mease Health Care

P.O. Box 210, Clearwater, Florida 34617-0210 Phone: 813-462-7000

March 21, 1996

Division of Corporations
Caller Service #1500
Tallahassee, FL 32302-1500

TO WHOM IT MAY CONCERN:

In accordance with your request, please let this serve as an attachment for the enclosed 1995 annual report.

Frank V. Murphy III
President
Morton Plant Mease Health Care
323 Jeffords Street
Clearwater, FL 34616