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Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 708987 (3)
1. Corporation Name

MORTON PLANT HOSPITAL ASSOCIATION, INC.



Principal Place of Business: 323 JEFFORDS CLEARWATER FL 34617 US
Mailing Address: P.O. BOX 210 CLEARWATER FL 34617-0210 US

3. Date Incorporated or Qualified: 05/19/1965
3a. Date of Last Report: 06/22/1996

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

9. Name and Address of Current Registered Agent: MARQUARDT EMIL C JR ESQ, McMULLEN EVERETT LOGAN MARQUARDT & CLINE, 400 CLEVELAND ST, CLEARWATER FL 34618
10. Name and Address of New Registered Agent: (81) Name, (82) Street Address (P.O. Box Number is Not Acceptable), (83), (84) City, (85) Zip Code

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MURPHY, FRANK V 623 POINSETTIA BELLEAIR FL 34616	1.1 TITLE	C Cantonis, George N/A PO Box 338 Tarpon Springs, FL 34688
TITLE	D BECKER, DAVID J 951 INDIAN ROCKS RD. BELLEAIR FL 34616	2.1 TITLE	VD Harper, James 311 Park Place Blvd. #400 Clearwater, FL
TITLE	D BLUMENCRANZ, PETER W M.D. 1628 LONG BOW LN. CLEARWATER FL 34624	3.1 TITLE	TD McArthur, Mary Ann 575 Indian Rocks Rd. N Belleair Bluffs, FL 34640
TITLE	D KORPAN, RICHARD 4993 TURTLE CREEK TRAIL OLDSMAR FL 34677	4.1 TITLE	
TITLE	D BOKOR, BRUCE H 2137 LAURENCE DR. CLEARWATER FL 34624	5.1 TITLE	
TITLE	D BOMSTEIN, ALAN C 1015 VICTORIA DR. DUNEDIN FL 34698	6.1 TITLE	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)