

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US		3. Date Incorporated or Qualified 05/19/1965	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0624462	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State		27. City & State		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		30. Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARQUARDT EML C JR ESQ MCMULLEN EVERETT LOGAN MARQUARDT & CLINE 400 CLEVELAND ST CLEARWATER FL 34616				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 625 Court Street 2nd Floor	
				83	
				84 City Clearwater FL 85 Zip Code 33756	

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, FRANK V	1.2 NAME	
STREET ADDRESS	623 POINSETTIA	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34616	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTONIS, GEORGE	2.2 NAME	
STREET ADDRESS	P.O. BOX 338	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPOON SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUMENCRAZ, PETER W M.D.	3.2 NAME	Karen Brown
STREET ADDRESS	1626 LONG BOW LN.	3.3 STREET ADDRESS	1235 Willowick Circle
CITY-ST-ZIP	CLEARWATER FL 34624	3.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORPAN, RICHARD	4.2 NAME	Bruce Bokor
STREET ADDRESS	4993 TURTLE CREEK TRAIL	4.3 STREET ADDRESS	911 Chestnut Street
CITY-ST-ZIP	OLDSMAR FL 34677	4.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOKOR, BRUCE H	5.2 NAME	James Harper
STREET ADDRESS	2137 LAURENCE DR.	5.3 STREET ADDRESS	311 Park Place Blvd. #400
CITY-ST-ZIP	CLEARWATER FL 34624	5.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMSTEIN, ALAN C	6.2 NAME	
STREET ADDRESS	1015 VICTORIA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:  **Frank V. Murphy** Date: **4-16-98** Daytime Phone #: **813-734-6194**

CR2E037 (10/97)