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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 708987

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/19/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0624462

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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
 625 COURT STREET 2ND FLOOR
 CLEARWATER FL 33756

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 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 PD DELETE
 NAME MURPHY, FRANK V
 STREET ADDRESS 623 POINSETTIA
 CITY-ST-ZIP BELLEAIR FL 34616

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE C DELETE
 NAME BROWN, KAREN
 STREET ADDRESS 1235 WILLOWICK CIRCLE
 CITY-ST-ZIP SAFETY HARBOR FL 34695

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME BLUMENCRANZ, PETER W M.D.
 STREET ADDRESS 1628 LONG BOW LN.
 CITY-ST-ZIP CLEARWATER FL 34624

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DV DELETE
 NAME BOKOR, BRUCE
 STREET ADDRESS 911 CHESTNUT STREET
 CITY-ST-ZIP CLEARWATER FL 33756

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE C DELETE
 NAME HARPER, JAMES
 STREET ADDRESS 311 PARK PLACE BLVD #400
 CITY-ST-ZIP CLEARWATER FL 33759

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME BOMSTEIN, ALAN C
 STREET ADDRESS 1015 VICTORIA DR.
 CITY-ST-ZIP DUNEDIN FL 34698

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Frank V. Murphy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99
 Date

(727) 734-6194
 Daytime Phone #

CR2E037 (1/98)