

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90196 025 ****61.25

DOCUMENT # 708987

1. Entity Name

MORTON PLANT HOSPITAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

323 JEFFORDS
 CLEARWATER FL 34617
 US

P.O. BOX 210
 CLEARWATER FL 34617
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0624462

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. 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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	BEAUCHAMP, PHILLIP K	300 PINELLAS STREET	CLEARWATER FL 33756				
C	BROWN, KAREN	1235 WILLOWICK CIRCLE	SAFETY HARBOR FL 34695	D			
VD	BLUMENCRAZ, PETER W M.D.	32845 US 19 NORTH	PALM HARBOR FL 34684	D	Dunbar, David W.	32845 U.S. 19 North	Palm Harbor, FL 34684
DV	BOKOR, BRUCE	911 CHESTNUT STREET	CLEARWATER FL 33756	CD			
C	HARPER, JAMES	311 PARK PLACE BLVD #400	CLEARWATER FL 33759	D			
D	BOMSTEIN, ALAN C	1015 VICTORIA DR.	DUNEDIN FL 34698				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
REQUIRED

4/25/01

00053276



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)