## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## **FILED** May 02, 2002 8:00 am Secretary of State **DOCUMENT # 708987** 1. Entity Name MORTON PLANT HOSPITAL ASSOCIATION, INC. 05-02-2002 90062 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 323 JEFFORDS P.O. BOX 210 **CLEARWATER FL 34617** CLEARWATER FL 33757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0624462 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARQUARDT, EMIL C JR Street Address (P.O. Box Number is Not Acceptable) **MACFARLANE FERGUSON & MCMULLEN** 625 COURT STREET, 2ND FLOOR CLEARWATER FL 33756 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition BEAUCHAMP, PHILLIP K NAME NAME STREET ADDRESS 300 PINELLAS STREET STREET ADDRESS CITY-ST#ZIP **CLEARWATER FL 33756** CITY-ST-ZIP TITLE . ☐ Delete TITLE ☐ Change ☐ Addition BROWN, KAREN NAME NAME STREET ADDRESS 1235 WILLOWICK CIRCLE STREET ADDRESS CITY-ST-ZIF SAFETY HARBOR FL 34695 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition CD DUNBAR, DAVID W NAME NAME STREET ADDRESS 32845 US 19 NORTH STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP CD D TITLE ☐ Delete TITLE X Change ■ Addition **BOKOR, BRUCE** NAME NAME STREET ADDRESS 911 CHESTNUT STREET STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP A Delete TITLE Change Addition HARPER, JAMES NAME NAME Bruce E. Fyfe STREET ADDRESS 311 PARK PLACE BLVD #400 STREET ADDRESS ll Druid Rd East learwater, FL 33767 CITY-ST-ZIP **CLEARWATER FL 33759** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BOMSTEIN, ALAN C Doug Bailey NAME NAME 4400 118th Ave. N., #302 STREET ADDRESS 1015 VICTORIA DR. STREET ADDRESS CITY-ST-7IP **DUNEDIN FL 34698** CITY-ST-ZIP Clearwater, FL 33762 12. I hereby certify that the information supplied w ental repor does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or suppler of the corporation or the receiver o

Date

Daytime Phone #