

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708987

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** MORTON PLANT HOSPITAL ASSOCIATION, INC.

**Current Principal Place of Business:**

300 PINELLAS ST.  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 210  
CLEARWATER, FL 33757 US

**New Mailing Address:**

FEI Number: 59-0624462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARQUARDT, EMIL C JR  
MACFARLANE FERGUSON & MCMULLEN  
625 COURT STREET, 2ND FLOOR  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WATERS, GLENN  
Address: 300 PINELLAS STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: CD  
Name: ARMSTRONG, ED  
Address: 300 PINELLAS STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: VCD  
Name: AMIN, MAHESH MD  
Address: 300 PINELLAS STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: SD  
Name: HORNE, WILLIAM  
Address: 300 PINELLAS STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: TD  
Name: MCGIVNEY, ROBERT  
Address: 300 PINELLAS STREET  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMIL C. MARQUARDT, JR.

RA

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date