

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90343 005 ****61.25

DOCUMENT # 708987



1. Entity Name
MORTON PLANT HOSPITAL ASSOCIATION, INC.

Principal Place of Business
**323 JEFFORDS
CLEARWATER FL 34617
US**

Mailing Address
**P.O. BOX 210
CLEARWATER FL 33757
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0624462**

Applied For
Not Applicable

Zip Country

Zip Country

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
MACFARLANE FERGUSON & MCMULLEN
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	BEAUCHAMP, PHILLIP K
STREET ADDRESS	300 PINELLAS STREET
CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	<input type="checkbox"/> Delete
NAME	BROWN, KAREN
STREET ADDRESS	1235 WILLOWICK CIRCLE
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	<input type="checkbox"/> Delete
NAME	CD DUNBAR, DAVID W
STREET ADDRESS	32845 US 19 NORTH
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input type="checkbox"/> Delete
NAME	D BOKOR, BRUCE
STREET ADDRESS	911 CHESTNUT STREET
CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	<input type="checkbox"/> Delete
NAME	FX FYFE, BRUCE E
STREET ADDRESS	611 DRUID RD, EAST
CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	<input type="checkbox"/> Delete
NAME	ST BAILEY, DOUG
STREET ADDRESS	4400 118TH AVE. N., #302
CITY-ST-ZIP	CLEARWATER FL 33762

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** 4/25/03 727-734-6226

CR2E037 (10/02)