2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739163

FILED Feb 15, 2010 Secretary of State

Entity Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1200 DRUID ROAD SOUTH CLEARWATER, FL 33756 US

Current Mailing Address: New Mailing Address:

1200 DRUID ROAD SOUTH CLEARWATER, FL 33756 US

FEI Number: 59-1751535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MARQUARDT, EMIL C JR 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756 US

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: CD

 Name:
 NASH, THOMAS C II

 Address:
 625 COURT ST, STE 200

 City-St-Zip:
 CLEARWATER, FL 33756

Title: SD

Name: LAUER, BRUCE F II

Address: 4301 ANCHOR PLAZA PKWY, STE 400

City-St-Zip: TAMPA, FL 33634

Title: TD

 Name:
 RIDENOUR, NANCY M

 Address:
 29750 U.S. 19 NORTH, STE 101

 City-St-Zip:
 CLEARWATER, FL 33761

Title: VCD

Name: BERGOFFEN, GLENN P Address: 3925 TAMPA RD City-St-Zip: OLDSMAR, FL 34677

Title: F

 Name:
 DUNCAN, HOLLY H

 Address:
 1200 DRUID RD SOUTH

 City-St-Zip:
 CLEARWATER, FL 33756

Title: VP

Name: HARMON, LARRY F
Address: 1200 DRUID RD SOUTH
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: LARRY F. HARMON VP 02/15/2010