

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739163

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1200 DRUID ROAD SOUTH  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 DRUID ROAD SOUTH  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 59-1751535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARQUARDT, EMIL C JR  
625 COURT STREET, SUITE 200  
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:** TD  
**Name:** BIRCH, DOUGLAS R  
**Address:** 1401 COURT ST  
**City-St-Zip:** CLEARWATER, FL 33756

**Title:** SD  
**Name:** DOYLE, ROSALEEN J  
**Address:** 7 STONEGATE DR  
**City-St-Zip:** BELLEAIR, FL 33756

**Title:** CD  
**Name:** RIDENOUR, NANCY M  
**Address:** 29750 U.S. 19 NORTH, STE 101  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** VCD  
**Name:** WATROUS, JAMES S  
**Address:** 715 S. FT. HARRISON AVE  
**City-St-Zip:** CLEARWATER, FL 33756

**Title:** P  
**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

02/20/2012

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

\_\_\_\_\_  
Date