2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38184

Title:

Name:

Address:

City-St-Zip:

Entity Name: MORTON PLANT HEALTH VENTURES INC.

FILED Jan 15, 2009 Secretary of State

The state of the s						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8452 118TH LARGO, FL	HAVENUE N. . 33773 US					
Current Mailing Address:			New Mailing Address:			
8452 118TH LARGO, FL	H AVENUE N. . 33773 US					
FEI Number:	59-2728600	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desire	ed ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
625 COUR' SUITE 200	DT, EMIL C JR T ST TER, FL 33756					
The above in the State		bmits this statement for the pu	rpose of changing it	ts registered of	fice or registered agent	or both,
SIGNATUR						
Electronic Signature of Registered Agent			t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () E CROCKETT, DEN 8452 118TH AVE LARGO, FL 3377	NUE N.	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E MASON, STEPHE 16331 BAY VISTA CLEARWATER, F	A DRIVE	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	STD ()E BEAUCHAMP, PH 300 PINELLAS S CLEARWATER, F	TREET	Title: Name: Address: City-St-Zip:	STD (X) WATERS, GLEN 300 PINELLAS S CLEARWATER,	STREET	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EMIL C MARQUARDT JR RA 01/15/2009

() Delete

SWEENEY, DANIEL

LARGO, FL 33773

8452 118TH AVENUE N.

() Change () Addition