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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00677**

1. Corporation Name
MORTON PLANT MEASE HEALTH CARE, INC.

* 5 3 N N 3 Y
530056 - 90085 - 24

Principal Place of Business	Mailing Address
601 MAIN STREET DUNEDIN FL	601 MAIN STREET DUNEDIN FL

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/29/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2374556 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

EMIL C. MARQUARDT, JR. E
MCMULLEN EVERETT LOGAN MARQUARDT & CLINE
625 COURT STREET, 2ND FLOOR
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANTONIS, GEORGE		1.2 NAME		
STREET ADDRESS	P.O. BOX 338 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34688		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARPER, JAMES		2.2 NAME		
STREET ADDRESS	311 PARK PLACE BLVD., #400		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	PERZEL, PATRICIA		3.2 NAME		
STREET ADDRESS	4024 TAMPA RD 1111		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		3.4. CITY-ST-ZIP		
TITLE	DTS	☐ DELETE	4.1 TITLE	VC/D	☒ Change ☐ Addition
NAME	BOKOR, BRUCE		4. 2 NAME		
STREET ADDRESS	911 CHESTNUT STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33756		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STONE, DAVID		5.2 NAME		
STREET ADDRESS	1150 CLEVELAND STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33757		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEAUCHAMP, PHILIP K		6.2 NAME		
STREET ADDRESS	609 SOUNDVIEW DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOUR FL 34683		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Philip K. Beauchamp 4-22-99 (727)734-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #