2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00677

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90001 040 ****61.25

1. Entity Name

MORTON PLANT MEASE HEALTH CARE, INC.

Principal Place of Business	Mailing Address
601 MAIN STREET DUNEDIN FL	601 MAIN STREET DUNEDIN FL 34698-5848

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2374556 ☐ Applied For ☐ Not Applicable

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
EMIL C. MARQUARDT, JR. E MCMULLEN EVERETT LOGAN MARQUARDT & CLINE 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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANTONIS, GEORGE P.O. BOX 338 N/A TARPON SPRINGS FL 34688	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dunbar, David W. 32845 UA 19 North Palm Harbor, FL 34684	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HARPER, JAMES 311 PARK PLACE BLVD., #400 CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERZEL, PATRICIA 4024 TAMPA RD 1111 OLDSMAR FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD McGivney, Robert B. 35388 US 19 North Palm Harbor, FL 34684	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDC BOKOR, BRUCE 911 CHESTNUT STREET CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STONE, DAVID 1150 CLEVELAND STREET CLEARWATER FL 33757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEAUCHAMP, PHILIP K 609 SOUNDVIEW DRIVE PALM HARBOUR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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** 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #