2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00677

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

REINSTATEMENT 04

12/02/04 01050 017 $236.25
10202004 REIN-NP CR2E099 (6/04)

Principal Place of Business	Mailing Address
601 MAIN STREET DUNEDIN, FL 34698	ATTN: FINANCE M.S 102 300 PINELLAS STREET CLEARWATER, FL 33756

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
MARQUARDT, EMIL C JR MACFARLANE FERGUSON & MCMULLEN 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marquardt 12-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2005, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MITCHELL, JUDY		NAME		
STREET ADDRESS	1415 S BELCHER RD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33758		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	CD	☒ Change ☐ Addition
NAME	FYFE, BRUCE E		NAME		
STREET ADDRESS	611 DRUID RD E		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOKOR, BRUCE		NAME		
STREET ADDRESS	911 CHESTNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	STONE, DAVID		NAME	GERALD A. FIGURSKI	
STREET ADDRESS	1150 CLEVELAND STREET		STREET ADDRESS	2435 US HGY 19 #350	
CITY-ST-ZIP	CLEARWATER, FL 33757		CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BEAUCHAMP, PHILIP K		NAME		
STREET ADDRESS	609 SOUNDVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOUR, FL 34683		CITY-ST-ZIP		

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] 11/1/04 727-462-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #