2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# N00677

Entity Name: MORTON PLANT MEASE HEALTH CARE, INC.

Current Principal Place of Business:

300 PINELLAS ST.
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 210
MS#21
CLEARWATER, FL 33757 US

New Mailing Address:

FEI Number: 59-2374556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR
MACFARLANE FERGUSON & MCMULLEN
625 COURT STREET, 2ND FLOOR
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:	PD	( ) Delete
Name:	BEAUCHAMP, PHILIP K	
Address:	300 PINELLAS STREET	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	CD	( ) Delete
Name:	MITCHELL, JUDY	
Address:	13830 58TH STREET N., #401	
City-St-Zip:	CLEARWATER, FL 33758	
Title:	TD	( ) Delete
Name:	MORGAN, LARRY	
Address:	300 PINELLAS STREET	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	SD	( ) Delete
Name:	PRICE, BILL	
Address:	300 PINELLAS STREET	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	(X) Delete
Name:	FYFE, BRUCE	
Address:	611 DRUID RD. E., #105	
City-St-Zip:	CLEARWATER, FL 33767	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VCD	(X) Change ( ) Addition
Name:	ARMSTRONG, ED	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	CD	(X) Change ( ) Addition
Name:	MORGAN, LARRY	
Address:	300 PINELLAS STREET	
City-St-Zip:	CLEARWATER, FL 33756	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL C. MARQUARDT, JR. RA 02/28/2008

Electronic Signature of Signing Officer or Director — Date