2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2012
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
Name: WATERS, GLENN
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: IPCD
Name: ARMSTRONG, ED
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: CD
Name: AMIN, MAHESH MD
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: SD
Name: HORNE, WILLIAM
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: TD
Name: MCGIVNEY, ROBERT
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: VCD
Name: FERRARA, RAYMOND
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: EMIL C. MARQUARDT, JR. RA 04/17/2012

Electronic Signature of Signing Officer or Director — Date