

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11219

FILED
Apr 30, 2009
Secretary of State

Entity Name: MORTON PLANT MEASE HEALTH SERVICES, INC.

Current Principal Place of Business:

1240 SOUTH FT. HARRISON AVE.
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1240 SOUTH FT. HARRISON AVE.
ATTN: ADMINISTRATION MS 106
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-2600684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR
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: CD () Delete
Name: FERRARA, V. RAYMOND
Address: 611 DRUID ROAD EAST, STE. 105
City-St-Zip: CLEARWATER, FL 33756 US

Title: P () Delete
Name: COURIS, JOHN
Address: 1240 SOUTH FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33756 US

Title: D () Delete
Name: BEAUCHAMP, PHILIP K
Address: 300 PINELLAS STREET, MS# 21
City-St-Zip: CLEARWATER, FL 33756 US

Title: TSD () Delete
Name: O'NEIL, DAVID
Address: 1240 SOUTH FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WATERS, GLENN
Address: 300 PINELLAS STREET, MS# 21
City-St-Zip: CLEARWATER, FL 33756 US

Title: TS (X) Change () Addition
Name: WINTERS, CHRIS
Address: 1240 SOUTH FT. HARRISON AVE, 2ND FLR.
City-St-Zip: CLEARWATER, FL 33756 US

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

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date