

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11219

FILED
Feb 15, 2011
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
Name: FERRARA, V. RAYMOND
Address: 611 DRUID ROAD EAST, STE. 105
City-St-Zip: CLEARWATER, FL 33756 US

Title: P
Name: CROCKETT, DENTON W JR
Address: 8452 118TH AVENUE NORTH
City-St-Zip: LARGO, FL 33773 US

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

Title: TS
Name: TREMONTI, CARL
Address: 1240 SOUTH FT. HARRISON AVE, 2ND FLR.
City-St-Zip: CLEARWATER, FL 33756 US

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., ESQ

RA

02/15/2011

Electronic Signature of Signing Officer or Director

_____ Date