

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 PM 12:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N92000000038 (1)

1. Corporation Name

MORTON PLANT PRIMARY CARE, INC.

Principal Place of Business

Mailing Address

**2240 BELLEAIR ROAD
SUITE 215
CLEARWATER FL 34624
US**

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SUITE 215
CLEARWATER FL 34624
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3140335

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARGUARDT, EMIL C JR.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WATKINS, GLENN G
STREET ADDRESS	13274 113TH AVENUE
CITY - ST - ZIP	SEMINOLE FL 34644
TITLE	VD
NAME	MURPHY, FRANK V
STREET ADDRESS	323 JEFFORDS STREET
CITY - ST - ZIP	CLEARWATER FL 34616
TITLE	STD
NAME	KISBY, SPENSER M
STREET ADDRESS	2285 SHARKEY ROAD
CITY - ST - ZIP	CLEARWATER FL 34625
TITLE	D
NAME	BABKA, JOHN C. M
STREET ADDRESS	101 PALMETTO ROAD
CITY - ST - ZIP	BELLEAIR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	S
3.3 STREET ADDRESS	BOKOR, BRUCE ESQ
3.4 CITY - ST - ZIP	911 CHESTNUT STREET CLEARWATER, FL 34616
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D
5.3 STREET ADDRESS	SOURBEER, JEFFREY M.D.
5.4 CITY - ST - ZIP	2715 WEST BAY DRIVE Largo, FL 34640
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenn G. Watkins, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-95 (813) 524-2606

Date

Telephone / Telex #