

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N92000000038 (1)**

1. Corporation Name

**MORTON PLANT MEASE PRIMARY CARE, INC.**



Principal Place of Business

Mailing Address

2240 BELLEAIR ROAD  
SUITE 215  
CLEARWATER FL 34624  
US

2240 BELLEAIR ROAD  
SUITE 215  
CLEARWATER FL 34624  
US

3. Date Incorporated or Qualified

10/28/1992

3a. Date of Last Report

04/27/1995

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

25

29

30

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

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

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUARDT, 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

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
WATKINS, GLENN G  
13274 113TH AVENUE  
SEMINOLE FL 34644

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

CD  
Patricia Perzel  
601 Main Street  
Dunedin, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
MURPHY, FRANK V  
323 JEFFORDS STREET  
CLEARWATER FL 34616

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

VD  
Frank V. Murphy  
601 Main Street  
Dunedin, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
BOKOR, BRUCE ESQ  
911 CHESTNUT STREET  
CLEARWATER FL

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

D  
William Allen  
601 Main Street  
Dunedin, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
BABKA, JOHN C. M  
101 PALMETTO ROAD  
BELLEAIR FL

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

D  
Stephen Jacobs, M.D.  
601 Main Street  
Dunedin, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
SOURBEER, JEFFREY MD  
2715 WEST BAY DRIVE  
LARGO FL

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

D  
Philip Beauchamp  
601 Main Street  
Dunedin, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

D  
James Harper  
601 Main Street  
Dunedin, FL 34698

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Philip Beauchamp*

Philip Beauchamp

4/25/96

Date

(813) 524-2606

Daytime Phone #

CR2E037 (12/95)

DOCUMENT # N92000000038 (1)

Page 2  
Corporate Annual Report

Morton Plant Mease Primary Care, Inc.

## 13. Additions/ Changes to Officers and Directors in 12

1.1	TITLE	D
1.2	NAME	Frank Logan
1.3	STREET ADDRESS	601 Main Street
1.4	CITY ST ZIP	Dunedin, FL 34698

1.1	TITLE	D
1.2	NAME	Robert McGivney
1.3	STREET ADDRESS	601 Main Street
1.4	CITY ST ZIP	Dunedin, FL 34698

1.1	TITLE	D
1.2	NAME	David Stone
1.3	STREET ADDRESS	601 Main Street
1.4	CITY ST ZIP	Dunedin, FL 34698