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FILED
May 20 1997 8:00am
Secretary of State



NONPROFIT CORPORATION
ANNUAL REPORT
1997

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 34624-2700
US

3. Date Incorporated or Qualified
10/28/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 2240 Belleair Road

2a. Mailing Address
26 2240 Belleair Road

4. FEI Number
59-3140335

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 225

Suite, Apt. #, etc.
27 Suite 225

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Clearwater, FL

28 City & State
Clearwater, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
34624

25 Country

29 Zip
34624

30 Country

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

11. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERZEL, PATRICIA	1.2 NAME	Jeffrey Sourbeer, M.D.
STREET ADDRESS	601 MAIN STREET	1.3 STREET ADDRESS	2240 Belleair Rd, Suite 225
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, FRANK V	2.2 NAME	Stephen Jacobs, M.D.
STREET ADDRESS	601 MAIN STREET	2.3 STREET ADDRESS	2240 Belleair Rd, Suite 225
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOKOR, BRUCE ESQ	3.2 NAME	Robert McGivney
STREET ADDRESS	911 CHESTNUT STREET	3.3 STREET ADDRESS	601 Main Street
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, STEPHEN M.D.	4.2 NAME	David Stone
STREET ADDRESS	601 MAIN STREET	4.3 STREET ADDRESS	601 Main Street
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOURBEER, JEFFREY MD	5.2 NAME	William Allen
STREET ADDRESS	2715 WEST BAY DRIVE	5.3 STREET ADDRESS	601 Main Street
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARPER, JAMES	6.2 NAME	Philip K. Beauchamp
STREET ADDRESS	601 MAIN STREET	6.3 STREET ADDRESS	601 Main Street
CITY-ST-ZIP	DUNEDIN FL	6.4 CITY-ST-ZIP	Dunedin, FL 34698

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jeffrey Sourbeer
Jeffrey Sourbeer, M.D.

4/24/97

(813) 524-2604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067648

CP2E037 (9/96)

12. Additions/Changes

Title: D
Name: Frank Logan
Address: 601 Main Street
City, St, Zip Dunedin, FL 34698

Title: D
Name: George Cantonis
Address: 601 Main Street
City, St, Zip Dunedin, FL 34698