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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000038

1. Corporation Name

MORTON PLANT MEASE PRIMARY CARE, INC.

Principal Place of Business

2240 BELLEAIR ROAD
225
CLEARWATER FL 34624
US

Mailing Address

2240 BELLEAIR ROAD
225
CLEARWATER FL 34624
US

504236 - 90129 - 48



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

10/28/1992

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE CD ☐ DELETE
NAME PERZEL, PATRICIA
STREET ADDRESS 601 MAIN STREET
CITY-ST-ZIP DUNEDIN FL

TITLE TD ☐ DELETE
NAME MCGIVNEY, ROBERT
STREET ADDRESS 601 MAIN STREET
CITY-ST-ZIP DUNEDIN FL

TITLE S ☐ DELETE
NAME BOKOR, BRUCE ESQ
STREET ADDRESS 911 CHESTNUT STREET
CITY-ST-ZIP CLEARWATER FL

TITLE VD ☐ DELETE
NAME JACOBS, STEPHEN M.D.
STREET ADDRESS 2240 BELLEAIR RD, 225
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☒ DELETE
NAME SOURBEER, JEFFREY MD
STREET ADDRESS 2240 BELLEAIR RD, 225
CITY-ST-ZIP CLEARWATER FL

TITLE D ☒ DELETE
NAME HARPER, JAMES
STREET ADDRESS 601 MAIN STREET
CITY-ST-ZIP DUNEDIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME William Allen
1.3 STREET ADDRESS 811 B Douglas Ave.
1.4 CITY-ST-ZIP Dunedin, FL 34698

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Philip Beauchamp
2.3 STREET ADDRESS 601 Main Street
2.4 CITY-ST-ZIP Dunedin, FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)