

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90075 045 ****61.25

DOCUMENT # N92000000038

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3140335

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PERZEL, PATRICIA**
 CITY-ST-ZIP **601 MAIN STREET**
DUNEDIN FL

TITLE ☐ Change ☒ Addition
 NAME **Chairman**
 STREET ADDRESS **Harper, James**
 CITY-ST-ZIP **311 Park Place Blvd, Ste 400**
Clearwater, FL 33759

TITLE ☒ Delete
 NAME **CD**
 STREET ADDRESS **MCGIVNEY, ROBERT**
 CITY-ST-ZIP **601 MAIN STREET**
DUNEDIN FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Brown, Karen**
 CITY-ST-ZIP **18167 US 19 N, Ste. 600**
Clearwater, FL 33764

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ALLEN, WILLIAM**
 CITY-ST-ZIP **811 B DOUGLAS AVE**
DUNNEDIN FL 34698

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BEAUCHAMP, PHILLIP**
 CITY-ST-ZIP **601 MAIN STREET**
DUNEDIN FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Jacobs, M.D. 3/28/01

(727) 524-2639

Date

Daytime Phone #

CR2E037 (10/00)