

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90250 034 ****70.00

DOCUMENT # N92000000038

Entity Name
MORTON PLANT MEASE PRIMARY CARE, INC.



Principal Place of Business 2240 BELLEAIR ROAD 225 CLEARWATER, FL 33764 US	Mailing Address 2240 BELLEAIR ROAD 225 CLEARWATER, FL 33764 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03202006 Chg-NP CR2E037 (11/05)

City & State	City & State	Zip	Country
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4. FEI Number 59-3140335	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MARQUARDT, EMIL C JR.
 625 COURT STREET, 2ND FLOOR
 CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERZEL, PATRICIA 3711 TAMPA RD STE 103 OLDSMAR, FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, JAMES 311 PARK PLACE BLVD STE 400 CLEARWATER, FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MITCHELL, JUDY 13830 58TH ST. N., #401 CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, STEPHEN M.D. 2240 BELLEAIR RD, 225 CLEARWATER, FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WANGER, MICHAEL M.D. 516 LAKEVIEW ROAD, #4 CLEARWATER, FL 33765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUCHAMP, PHILIP K 300 PINELLAS STREET CLEARWATER, FL 33756 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Watrous 501 Palmetto Rd. Belleair, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Burwell 845 Bay Esplanade Clearwater, FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Ed Armstrong 911 Chestnut St Clearwater, FL 33757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Catonis 855 E Pine Tarpon Springs, FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pat Ryan 437 St. Andrews Drive Belleair, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Morgan 5 Stonegate Dr. Belleair, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dr. Stephen Jacobs **Dr. Stephen Jacobs, President** 3/21/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #