


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000038**

1. Entity Name  
**MORTON PLANT MEASE PRIMARY CARE, INC.**



Principal Place of Business <b>2240 BELLEAIR ROAD          225          CLEARWATER, FL 33764 US</b>	Mailing Address <b>2240 BELLEAIR ROAD          225          CLEARWATER, FL 33764 US</b>
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01242007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3140335</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARQUARDT, EMIL C JR.  
 625 COURT STREET, 2ND FLOOR  
 CLEARWATER, FL 33756**

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERZEL, PATRICIA 3711 TAMPA RD STE 103 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, JAMES 311 PARK PLACE BLVD STE 400 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ARMSTRONG, ED 911 CHESTNUT ST CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, STEPHEN M.D. 2240 BELLEAIR RD, 225 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WANGER, MICHAEL M.D. 516 LAKEVIEW ROAD, #4 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUCHAMP, PHILIP K 300 PINELLAS STREET CLEARWATER, FL 33756

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 04/10/07-80057-023 70.00

**DO NOT WRITE IN THIS SPACE**

12. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

Date

Daytime Phone #

3.27.07 727524-2639