

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000038

FILED
Mar 06, 2008
Secretary of State

Entity Name: MORTON PLANT MEASE PRIMARY CARE, INC.

Current Principal Place of Business:

2240 BELLEAIR ROAD
225
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

2240 BELLEAIR ROAD
225
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-3140335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERZEL, PATRICIA
Address: 3711 TAMPA RD STE 103
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: HARPER, JAMES
Address: 311 PARK PLACE BLVD STE 400
City-St-Zip: CLEARWATER, FL 33759

Title: C () Delete
Name: ARMSTRONG, ED
Address: 911 CHESTNUT ST
City-St-Zip: CLEARWATER, FL 33757

Title: PD () Delete
Name: JACOBS, STEPHEN M.D.
Address: 2240 BELLEAIR RD, 225
City-St-Zip: CLEARWATER, FL 33756

Title: VPD () Delete
Name: WANGER, MICHAEL M.D.
Address: 516 LAKEVIEW ROAD, #4
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: BEAUCHAMP, PHILIP K
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BURWELL, ANDY
Address: 609 S FT HARRISON
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: PRICE, BILL
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LUCHSINGER, AMANDA M.D.
Address: 2240 BELLEAIR ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL C. MARQUARDT, JR.

RA

03/06/2008

Electronic Signature of Signing Officer or Director

Date