2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

DOCUMENT# N92000000038

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:

300 S. PARK PLACE BLVD
170
CLEARWATER, FL 33759 US

Current Mailing Address:

2240 BELLEAIR ROAD
225
CLEARWATER, FL 33764 US

New Mailing Address:

300 S. PARK PLACE BLVD
170
CLEARWATER, FL 33759 US

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: S
Name: BURWELL, ANDY
Address: 609 S FT HARRISON
City-St-Zip: CLEARWATER, FL 33756 US

Title: D
Name: HARPER, JAMES
Address: 400 PALMETTO ROAD
City-St-Zip: BELLEAIR, FL 33756 US

Title: C
Name: PRICE, BILL
Address: 29750 US HWY 19 NORTH, STE 101
City-St-Zip: CLEARWATER, FL 33761 US

Title: PD
Name: JACOBS, STEPHEN M.D.
Address: 300 S. PARK PLACE BLVD
City-St-Zip: CLEARWATER, FL 33759 US

Title: VPD
Name: RAJANI, VAKESH M.D.
Address: 300 S. PARK PLACE BLVD
City-St-Zip: CLEARWATER, FL 33759 US

Title: D
Name: WATERS, GLENN D
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756 US

I hereby 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 all other like empowered.

SIGNATURE: DR. STEPHEN JACOBS PD 03/31/2010

Electronic Signature of Signing Officer or Director Date