## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9200000038

FILED Apr 18, 2011 Secretary of State

Entity Name: MORTON PLANT MEASE PRIMARY CARE, INC.

Current Principal Place of Business: New Principal Place of Business:

300 S. PARK PLACE BLVD

170

CLEARWATER, FL 33759 US

Current Mailing Address: New Mailing Address:

300 S. PARK PLACE BLVD

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: Name and Address of New Registered Agent:

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

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: [

 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 VPD 04/18/2011