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.

PRESIDENT

#### SIGNATURE: GLENN WATERS

Electronic Signature of Signing Officer/Director Detail

# Entity Name: MORTON PLANT HOSPITAL ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

300 PINELLAS STREET CLEARWATER, FL 33756

**DOCUMENT# 708987** 

### **Current Mailing Address:**

300 PINELLAS STREET CLEARWATER. FL 33756 US

#### FEI Number: 59-0624462

## Name and Address of Current Registered Agent:

BAYCARE HEALTH SYSTEM, INC. ATTENTION: LEGAL SERVICES DEPARTMENT 2985 DREW STREET CLEARWATER, FL 33759 US

Certificate of Status Desired: No

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	SCOTT A. KIZER			02/03/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	PAST CHAIR		
Name	WATERS, GLENN	Name	LANCASTER, GAY		
Address	2985 DREW STREET	Address	300 PINELLAS STREET		
City-State-Zip:	CLEARWATER FL 33759	City-State-Zip:	CLEARWATER FL 33756		
Title	CHAIR	Title	TREASURER, VICE CHAIR		
Name	ERICKSON, KURT MD	Name	BURWELL, ANDY		
Address	300 PINELLAS STREET	Address	300 PINELLAS STREET		
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756		
Title	SECRETARY				
Name	LATVALA, SUSAN				
Address	300 PINELLAS STREET				
City-State-Zip:	CLEARWATER FL 33756				

FILED Feb 03, 2020 Secretary of State 1005082765CC

> 02/03/2020 Date