

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708987

**Entity Name:** MORTON PLANT HOSPITAL ASSOCIATION, INC.

**Current Principal Place of Business:**

300 PINELLAS STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

300 PINELLAS STREET  
CLEARWATER, FL 33756 US

**FEI Number:** 59-0624462

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KIZER, SCOTT A  
ATTENTION: LEGAL SERVICES DEPARTMENT  
2985 DREW STREET  
CLEARWATER, FL 33759 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:** SCOTT A. KIZER

04/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WATERS, GLENN  
Address        300 PINELLAS STREET  
City-State-Zip: CLEARWATER FL 33756

Title            SECRETARY  
Name            LANCASTER, GAY  
Address        300 PINELLAS STREET  
City-State-Zip: CLEARWATER FL 33756

Title            VICE CHAIR  
Name            CANTONIS, JAMES  
Address        300 PINELLAS STREET  
City-State-Zip: CLEARWATER FL 33756

Title            TREASURER  
Name            WHIDDON, THOMAS  
Address        300 PINELLAS STREET  
City-State-Zip: CLEARWATER FL 33756

Title            CHAIR  
Name            FERRARA, V. RAYMOND  
Address        300 PINELLAS STREET  
City-State-Zip: CLEARWATER FL 33756

*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:** GLENN WATERS

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date