

2024 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:

BAYCARE HEALTH SYSTEM, INC.
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: JENNIFER L TOUSE

03/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GALDIERI, LOU
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title VC
Name COLE, KATIE
Address 300 PINELLAS STREET
City-State-Zip: CLEARWATER FL 33756

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

Title PAST CHAIR
Name BURWELL, ANDY
Address 300 PINELLAS STREET
City-State-Zip: CLEARWATER FL 33756

Title CHAIRMAN
Name LATVALA, SUSAN
Address 300 PINELLAS STREET
City-State-Zip: CLEARWATER FL 33756

Title TREASURER
Name DAMSKER, BENJE
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: LOU GALDIERI

PRESIDENT

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date