

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00677

Entity Name: MORTON PLANT MEASE HEALTH CARE, INC.**Current Principal Place of Business:**300 PINELLAS ST.
CLEARWATER, FL 33756**Current Mailing Address:**P.O. BOX 210
MS#21
CLEARWATER, FL 33757 US**FEI Number:** 59-2374556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARQUARDT, EMIL CJR
MACFARLANE FERGUSON & MCMULLEN
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**Officer/Director Detail :**

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

Title	IPCD
Name	ARMSTRONG, ED
Address	300 PINELLAS STREET
City-State-Zip:	CLEARWATER FL 33756

Title	CD
Name	AMIN, MAHESH MD
Address	300 PINELLAS STREET
City-State-Zip:	CLEARWATER FL 33756

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

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

Title	VCD
Name	FERRARA, 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

PD

04/29/2013

Electronic Signature of Signing Officer/Director Detail_____
Date