2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2024
Secretary of State
2716005164CC

DOCUMENT# N00677

Entity Name: MORTON PLANT MEASE HEALTH CARE, INC.

Current Principal Place of Business:

300 PINELLAS STREET
CLEARWATER, FL 33756

Current Mailing Address:

300 PINELLAS STREET
CLEARWATER, FL 33756 US

FEI Number: 59-2374556

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	CHAIRMAN
Name	LATVALA, SUSAN
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	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