

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # 708627 (5)**  
1. Corporation Name  
**TRUSTEES OF MEASE HOSPITAL, INC.**



Principal Place of Business <b>601 MAIN STREET DUNEDIN FL 34698</b>	Mailing Address <b>601 MAIN STREET DUNEDIN FL 34698</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> 22. City & State	<b>27</b> 27. City & State
<b>23</b> 23. Zip Country	<b>28</b> 28. Zip Country
<b>24</b> 24. Zip Country	<b>29</b> 29. Zip Country
<b>25</b> 25. Zip Country	<b>30</b> 30. Zip Country

<b>3.</b> Date Incorporated or Qualified <b>03/12/1965</b>	<b>3a.</b> Date of Last Report <b>08/09/1995</b>
<b>4.</b> FEI Number <b>59-0855412</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>BEAUCHAMP, PHILIP K. 601 MAIN STREET 8TH FLOOR DUNEDIN FL 34698</b>	<b>10. Name and Address of New Registered Agent</b>
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b> 6th Floor	
<b>84</b> City	<b>85</b> Zip Code <b>FL</b>

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NO "E" Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAUCHAMP, PHILIP K.</b>	12 NAME	
STREET ADDRESS	<b>601 MAIN STREET</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	14 CITY-ST-ZIP	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, WILLIAM F</b>	22 NAME	<b>Robert B. McGivney</b>
STREET ADDRESS	<b>811-B DOUGLAS AVENUE</b>	23 STREET ADDRESS	<b>35388 US 19 North</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>	24 CITY-ST-ZIP	<b>Palm Harbor FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANSEN, RAYMOND D., M.D.</b>	32 NAME	
STREET ADDRESS	<b>1972 BAYSHORE BLVD.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	34 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	41 TITLE	<b>S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERZEL, PATRICIA A</b>	42 NAME	<b>Patricia A. Perzel</b>
STREET ADDRESS	<b>4025 TAMPA RD, STE. 1111</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	44 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, DONALD S.</b>	52 NAME	<b>Donald S. Jones</b>
STREET ADDRESS	<b>810 TERRACE ROAD</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	54 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, MACK</b>	62 NAME	
STREET ADDRESS	<b>748 BROADWAY, SUITE 104</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	64 CITY-ST-ZIP	

**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** **Philip K. Beauchamp** 3-25-96 813-734-6226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)