

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708627 (5)
 1. Corporation Name
TRUSTEES OF MEASE HOSPITAL, INC.



Principal Place of Business 601 MAIN STREET DUNEDIN FL 34698	Mailing Address 601 MAIN STREET DUNEDIN FL 34698-5848
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3. Date Incorporated or Qualified 03/12/1965	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0855412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**BEAUCHAMP, PHILIP K.
 601 MAIN STREET
 6TH FLOOR
 DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEAUCHAMP, PHILIP K	
STREET ADDRESS	609 SOUNDVIEW DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSEN, WILLIAM F	
STREET ADDRESS	2374 SARAZEN DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, RAYMOND D M.D.	
STREET ADDRESS	2280 RANCHETTE LN.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERZEL, PATRICIA A	
STREET ADDRESS	3431 LAKESHORE LN.	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DONALD S	
STREET ADDRESS	810 TERRACE RD.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, KERRY J	
STREET ADDRESS	1522 SILVER MOON LN.	
CITY-ST-ZIP	PALM HARBOR FL 34683	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	David W. Dunbar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1614 Santa Barbara Dr.	
1.3 STREET ADDRESS	Dunedin, FL 34697	
1.4 CITY-ST-ZIP	D	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mack Hart	
2.3 STREET ADDRESS	915 Victoria Drive	
2.4 CITY-ST-ZIP	Dunedin, FL 34698	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Maza, MD	
3.3 STREET ADDRESS	2961 Somersworth Dr.	
3.4 CITY-ST-ZIP	Clearwater, FL 34621	
4.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert McGivney	
4.3 STREET ADDRESS	3149 Gleneagles Dr. E.	
4.4 CITY-ST-ZIP	Clearwater, FL 34621	
5.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Patricia A. Perzel	
5.3 STREET ADDRESS	711 Samantha Drive	
5.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **Philip K. Beauchamp** 4/23/97 813-734-6226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000404

CR2E037 (9/96)