

FILE NOW: FILING FEE IS \$61.25

FILED

**May 08 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|--|--|

| | |
|--|---|
| 3. Date Incorporated or Qualified 03/12/1965 | |
| 4. FEI Number 59-0855412 | Applied For <input type="checkbox"/> Yes <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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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 | ALLEN, WILLIAM F | |
| STREET ADDRESS | 2374 SARAZEN DR. | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DUNBAR, DAVID W | |
| STREET ADDRESS | 1614 SANTA BARBARA DR. | |
| CITY-ST-ZIP | DUNEDIN FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PERZEL, PATRICIA A | |
| STREET ADDRESS | 3431 LAKESHORE LN. | |
| CITY-ST-ZIP | CLEARWATER FL 34621 | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | PERZEL, PATRICIA A | |
| STREET ADDRESS | 711 SAMANTHA DRIVE | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HART, MACK | |
| STREET ADDRESS | 915 VICTORIA DRIVE | |
| CITY-ST-ZIP | DUNEDIN FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | D David Stone |
| 3.3 STREET ADDRESS | 1150 Cleveland Street |
| 3.4 CITY-ST-ZIP | Clearwater, FL 33757 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | DV Robert McGivney |
| 4.3 STREET ADDRESS | 35388 US 19 North |
| 4.4 CITY-ST-ZIP | Palm Harbor, FL 34684 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | D |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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 4-16-98 813-734-6226

CR2E037 (10/97)