FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0072767

DOCUMENT # 708627

1. Corporation Name

TRUSTEES OF MEASE HOSPITAL, INC.

Principal Place of Business	Mailing Address
601 MAIN STREET DUNEDIN FL 34698	601 MAIN STREET DUNEDIN FL 34698

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/12/1965

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-0855412	Not Applicable

City & State	City & State	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
23	28		

Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24	25	29	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	FL	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEAUCHAMP, PHILIP K		1.2 NAME	
STREET ADDRESS	609 SOUNDVIEW DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, WILLIAM F		2.2 NAME	
STREET ADDRESS	2374 SARAZEN DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE VC/D	☒ Change ☐ Addition
NAME	STONE, DAVID		3.2 NAME	
STREET ADDRESS	1150 CLEVELAND STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33757		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE C/D	☒ Change ☐ Addition
NAME	MCGIVNEY, ROBERT		4.2 NAME	
STREET ADDRESS	35388 US 19 NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684		4.4 CITY-ST-ZIP	
TITLE	C	☒ DELETE	5.1 TITLE D	☐ Change ☒ Addition
NAME	PERZEL, PATRICIA A		5.2 NAME Janice Case	
STREET ADDRESS	711 SAMANTHA DRIVE		5.3 STREET ADDRESS 17757 US 19 North #600	
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP Clearwater, FL 33764	
TITLE	V	☒ DELETE	6.1 TITLE D	☐ Change ☒ Addition
NAME	HART, MACK		6.2 NAME Ken Hamilton	
STREET ADDRESS	915 VICTORIA DRIVE		6.3 STREET ADDRESS 10 Bay Esplanade	
CITY-ST-ZIP	DUNEDIN FL		6.4 CITY-ST-ZIP Clearwater Beach, FL 34630	

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, with all other like empowered.

SIGNATURE: _____ Philip K. Beauchamp   4-22-99   727-734-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #