

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

05-19-2001 90275 033 ****61.25
 08-06-2001 90006 006 ****61.25

0015238

DOCUMENT # 708627

1. Entity Name
TRUSTEES OF MEASE HOSPITAL, INC.

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

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0855412** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PFEIFFER, JAMES A
601 MAIN STREET
6TH FLOOR
DUNEDIN FL 34698

7. Name and Address of New Registered Agent
 Name: **Emil C. Marquardt, Jr., Attorney**
 Street Address (P.O. Box Number is Not Acceptable): **MacFarlane Ferguson & McMullen**
625 Court St, Ste 200
 City: **Clearwater, FL** Zip Code: **33756**

8. 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: DATE: **7-30-01**

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEAUCHAMP, PHILIP K 609 SOUNDVIEW DR. PALM HARBOR FL 34683 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President of Mease Hospitals <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James A. Pfeiffer 1946 Fishermens Bend Palm Harbor, FL 34685 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, WILLIAM F 2374 SARAZEN DR. DUNEDIN FL 34698 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDC STONE, DAVID 1150 CLEVELAND STREET CLEARWATER FL 33757 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD MCGIVNEY, ROBERT 35388 US 19 NORTH PALM HARBOR FL 34684 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASE, JANICE 17757 US 19 NORTH, STE #600 CLEARWATER FL 33764 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMILTON, KEN 10 BAY ESPLANADE CLEARWATER BEACH FL 34630 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES A. PFEIFFER** **7-16-01** (727) 734-6365

CR2E037 (5/01)