

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90289 035 ****61.25

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



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 59-0855412	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MACEARLANE FERGUSON AND MCMULLEN 625 COURT STREET STE 200 CLEARWATER FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	P PFEIFFER, JAMES A 1946 FISHERMENS BEND PALM HARBOR FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, WILLIAM F 2374 SARAZEN DR. DUNEDIN FL 34698	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gerald Figurski 2435 US 19 Holiday, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, JANICE 17757 US 19 NORTH, STE #600 CLEARWATER FL 33764	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	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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/22/02**
 Daytime Phone #

CR2E037 (9/01)