

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 28, 2004  
Secretary of State**

DOCUMENT# 708627

Entity Name: TRUSTEES OF MEASE HOSPITAL, INC.

**Current Principal Place of Business:**

601 MAIN STREET  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

601 MAIN STREET  
DUNEDIN, FL 34698

**New Mailing Address:**

FEI Number: 59-0855412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACEARLANE FERGUSON AND MCMULLEN  
625 COURT STREET STE 200  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

JAMES J. KENNEDY, III, ESQ.  
BUCHANAN INGERSOLL PC  
401 E JACKSON ST, SUITE 2500  
TAMPA, FL 33602 US

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: JAMES J. KENNEDY, III, ESQ.      09/28/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PFEIFFER, JAMES A  
Address: 1946 FISHERMENS BEND  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: STEIN, DR. ROBERT J  
Address: COUNTRYSIDE MAB, 1840 MEASE DR., STE 40  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: CD ( ) Delete  
Name: STONE, DAVID  
Address: 2954 LANDMARK WAY  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: FIGURSKI, GERALD  
Address: 2435 US 19, STE 359  
City-St-Zip: HOLIDAY, FL 34691

Title: ST ( ) Delete  
Name: CASE, JANICE  
Address: 205 PALM ISLAND NW  
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete  
Name: PRICE, BILL  
Address: 29605 U.S. 19N, STE. 140  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A PFEIFFER      P      09/28/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date

KEN HAMILTON, D  
C/O MEASE HOSPITAL  
601 MAIN ST  
DUNEDIN, FL 34698

DR. PATRICK CAMBIER, D  
C/O MEASE HOSPITAL  
601 MAIN ST  
DUNEDIN, FL 34698

DR. JERRY NIEDZWIECKI, D  
C/O MEASE HOSPITAL  
601 MAIN ST  
DUNEDIN, FL 34698

BOB MCGIVNEY, D  
C/O MEASE HOSPITAL  
601 MAIN ST  
DUNEDIN, FL 34698