

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708627

FILED
May 31, 2005
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: DVC (X) Change () Addition
Name: MCGIVNEY, ROBERT
Address: 2122 PALM HARBOR BLVD., SUITE A
City-St-Zip: PALM HARBOR, FL 34683

Title: DC (X) Change () Addition
Name: FIGURSKI, GERALD
Address: 2435 US 19, STE 359
City-St-Zip: HOLIDAY, FL 34691

Title: ST (X) Change () Addition
Name: BOMSTEIN, ALAN
Address: 620 DREW STREET
City-St-Zip: CLEARWATER, FL 33755

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

05/31/2005

Electronic Signature of Signing Officer or Director

_____ Date