2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708627

FILED Apr 20, 2006 Secretary of State

Entity Name: TRUSTEES OF MEASE HOSPITAL, INC.

Current Principal Place of Business: New Principal Place of Business:

601 MAIN STREET DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

601 MAIN STREET DUNEDIN, FL 34698

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

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

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

TAMPA, FL 33602 ÚS

MARQUARDT, EMIL C JR MACFARLANÉ FERGUSON & MCMULLEN 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756 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: EMIL C. MARQUARDT, JR. 04/20/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete PFEIFFER, JAMES A BEAUCHAMP, PHILIP K Name: Name: 1946 FISHERMENS BEND Address: 300 PINELLAS STREET Address:

City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: CLEARWATER, FL 33756

(X) Change () Addition Title: Title: () Delete

STEIN, DR. ROBERT J Name: MITCHELL, JUDY Name: Address: COUNTRYSIDE MAB. 1840 MEASE DR., STE 40 Address: 13830 58TH STREET N., #401

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: CLEARWATER, FL 33758

Title: DVC () Delete Title: (X) Change () Addition

MCGIVNEY, ROBERT Name: MORGAN, LARRY Name: Address: 2122 PALM HARBOR BLVD., SUITE A 300 PINELLAS STREET Address:

City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: CLEARWATER, FL 33756

Title: DC () Delete Title: SD (X) Change () Addition FIGURSKI, GERALD Name: Name: PRICE, BILL

2435 US 19, STE 359 Address: Address: 300 PINELLAS STREET City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: CLEARWATER, FL 33756

Title: () Delete Title: (X) Change () Addition

BOMSTEIN, ALAN MEL, ORA Name: Name: 620 DREW STREET 1155 SKYE LANE Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: PALM HARBOR, FL 34683

Title: (X) Delete Title: () Change () Addition

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PHILIP K. BEAUCHAMP PD 04/20/2006