

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708627

FILED
Feb 28, 2008
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 ()

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR
MACFARLANE FERGUSON & MCMULLEN
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 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: PD () Delete
Name: BEAUCHAMP, PHILIP K
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: CD () Delete
Name: MITCHELL, JUDY
Address: 13830 58TH STREET N., #401
City-St-Zip: CLEARWATER, FL 33758

Title: VPD () Delete
Name: MORGAN, LARRY
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Delete
Name: PRICE, BILL
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: TD (X) Delete
Name: ARMSTRONG, ED
Address: 911 CHESTNUT
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCD (X) Change () Addition
Name: ARMSTRONG, ED
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: CD (X) Change () Addition
Name: MORGAN, LARRY
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

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 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: EMIL C. MARQUARDT, JR.

RA

02/28/2008

Electronic Signature of Signing Officer or Director

_____ Date