

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708627

FILED  
Apr 28, 2009  
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: VCD ( ) Delete  
Name: ARMSTRONG, ED  
Address: 911 CHESTNUT STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: CD ( ) 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

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

Title: PD (X) Change ( ) Addition  
Name: WATERS, GLENN  
Address: 300 PINELLAS STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: VPD (X) Change ( ) Addition  
Name: ARMSTRONG, ED  
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

04/28/2009

Electronic Signature of Signing Officer or Director

Date