

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708627

FILED
Feb 28, 2011
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
Name: WATERS, GLENN
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: CD
Name: ARMSTRONG, ED
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: VCD
Name: AMIN, MAHESH MD
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: SD
Name: HORNE, WILLIAM
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: TD
Name: MCGIVNEY, ROBERT
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756 US

I hereby 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 all other like empowered.

SIGNATURE: EMIL C. MARQUARDT, JR.

RA

02/28/2011

Electronic Signature of Signing Officer or Director

Date