


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90343 007 ****61.25

DOCUMENT # 708627

1. Entity Name
TRUSTEES OF MEASE HOSPITAL, INC.



Principal Place of Business Mailing Address

**601 MAIN STREET
DUNEDIN FL 34698** **601 MAIN STREET
DUNEDIN FL 34698**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0855412** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MACEARLANE FERGUSON AND MCMULLEN
625 COURT STREET STE 200
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete

NAME **PFEIFFER, JAMES A**

STREET ADDRESS **1946 FISHERMENS BEND**

CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** Delete

NAME **ALLEN, WILLIAM F**

STREET ADDRESS **2374 SARAZEN DR.**

CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** Change Addition

NAME **Dr. Robert J. Stein**

STREET ADDRESS **Countryside MAB, 1840 Mease Dr. Ste 400**

CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **CD** Delete

NAME **STONE, DAVID**

STREET ADDRESS **1150 CLEVELAND STREET**

CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE Change Addition

NAME

STREET ADDRESS **2954 Landmark Way**

CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE **ST** Delete

NAME **FIGURSKI, GERALD**

STREET ADDRESS **2435 US 19**

CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **D** Change Addition

NAME

STREET ADDRESS **2435 US 19, Ste 350**

CITY-ST-ZIP **Holiday, FL 34691**

TITLE **D** Delete

NAME **CASE, JANICE**

STREET ADDRESS **17757 US 19 NORTH, STE #600**

CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **ST** Change Addition

NAME

STREET ADDRESS **205 Palm Island NW**

CITY-ST-ZIP **Clearwater, FL 33767**

TITLE **D** Delete

NAME **HAMILTON, KEN**

STREET ADDRESS **10 BAY ESPLANADE**

CITY-ST-ZIP **CLEARWATER BEACH FL 34630**

TITLE **D** Change Addition

NAME **Bill Price**

STREET ADDRESS **29605 US 19N, Ste 140**

CITY-ST-ZIP **Clearwater, FL 33761**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James A Pfeiffer* Pfeiffer 4/7/03 (727) 734-6365

CR2E037 (10/02)