SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000084953 (7)**

1. Corporation Name

MEASE HEALTH CARE PHYSICIAN HOSPITAL ORGANIZATIO N, INC.

Principal Place of Business	Mailing Address
601 MAIN ST. DUNEDIN FL 34698 US	601 MAIN ST. DUNEDIN FL 34698 US

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 2240 Belleair Rd
22 Suite, Apt. #, etc.: Suite 215
23 City & State: Clearwater, FL
24 Zip: 34624
25 Country: USA

2a. Mailing Address
26: 2240 Belleair Rd
27 Suite, Apt. #, etc.: Suite 215
28 City & State: Clearwater, FL
29 Zip: 34624
30 Country: USA

4. FEI Number: 59-3222211 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IMPERATO, GABRIEL L ESQ.
%BROAD AND CASSEL
500 E. BROWARD BLVD., #1130
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reporting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HICKS, DAVID L. D.O. 3450 E LAKE RD, STE 304 PALM HARBOR FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VP RAYMOND HANSEN 1972 BAYSHORE Blvd. DUNEDIN, FL 34698 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCCARTHY, EDWARD J. 601 MAIN ST DUNEDIN FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S BARBARA HALL, MD 2652 SABLE DR. #6 CLEARWATER, FL 34621 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUSH, BARBARA J. M. 601 MAIN ST DUNEDIN FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T STEPHEN HARRIS 601 ~~DUNEDIN~~ MAIN ST. DUNEDIN FL 34698 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MAZA, RICHARD K MD 3253 MCMULLEN BOOTH ROAD SUITE 200 CLEARWATER FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Robert Hoyne MD 3231 McMullen Booth Rd ste 204 Safety HARBOR, FL 34695 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Philip Beauchamp 691 MAIN Street Dunedin, FL 34698 — ☐ Change ☒ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/24/96 (813)524-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEPHEN HARRIS, TREASURER

CR