#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 708627** 

Entity Name: TRUSTEES OF MEASE HOSPITAL, INC.

# **Current Principal Place of Business:**

601 MAIN STREET DUNEDIN, FL 34698

### **Current Mailing Address:**

**601 MAIN STREET** DUNEDIN, FL 34698 US

FEI Number: 59-0855412 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BAYCARE HEALTH SYSTEM, INC. ATTENTION: LEGAL SERVICES DEPARTMENT 2985 DREW STREET CLEARWATER, FL 33759 US

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: SCOTT A. KIZER 04/14/2016

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **PRESIDENT** Title VICE CHAIR Name WATERS, GLENN Name LANCASTER, GAY Address 2985 DREW STREET Address 601 MAIN STREET City-State-Zip: DUNEDIN FL 34698 City-State-Zip: CLEARWATER FL 33759

Title **TREASURER** Title **CHAIR** WHIDDON, THOMAS Name Name CANTONIS, JAMES Address **601 MAIN STREET** Address **601 MAIN STREET** DUNEDIN FL 34698 City-State-Zip: DUNEDIN FL 34698

Title **SECRETARY** 

City-State-Zip:

Name ERICKSON, KURT MD Address **601 MAIN STREET** City-State-Zip: DUNEDIN FL 34698

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: GLENN WATERS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/14/2016 Date

**FILED** Apr 14, 2016

**Secretary of State** 

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