

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708627

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC3285085452**

**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

04/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WATERS, GLENN  
Address        2985 DREW STREET  
City-State-Zip: CLEARWATER FL 33759

Title            VICE CHAIR  
Name            LANCASTER, GAY  
Address        601 MAIN STREET  
City-State-Zip: DUNEDIN FL 34698

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

Title            SECRETARY/TREASURER  
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

**PRESIDENT**

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date