# 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 708627** 

Entity Name: TRUSTEES OF MEASE HOSPITAL, INC.

FILED
Oct 04, 2022
Secretary of State
9805506592CC

#### **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: JENNIFER L TOUSE

10/04/2022

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title	PRESIDENT	Title	PAST CHAIR
Name	GALDIERI, LOU	Name	ERICKSON, KURT
Address	300 PINELLAS STREET	Address	601 MAIN STREET
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	DUNEDIN FL 34698

Title	CHAIR	Title	VICE CHAIR
Name	BURWELL, ANDY MD	Name	LATVALA, SUSAN
Address	601 MAIN STREET	Address	300 PINELLAS STREET
City-State-Zip:	DUNEDIN FL 34698	City-State-Zip:	CLEARWATER FL 33756

Title	SECRETARY	Title	TREASURER
Name	COLE, KATIE	Name	DAMSKER, BENJE
Address	300 PINELLAS STREET	Address	300 PINELLAS STREET
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756

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: LOU GALDIERI

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

10/04/2022