2019 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 02/05/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **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 VICE CHAIR Title PAST CHAIR

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

Title **TREASURER** Title **SECRETARY** Name BURWELL, ANDY Name LATVALA, SUSAN

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: GLENN WATERS Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/05/2019 Date

FILED Feb 05, 2019

Secretary of State

8342234963CC

Date