

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708627

Entity Name: TRUSTEES OF MEASE HOSPITAL, INC.**Current Principal Place of Business:**600 MAIN STREET
DUNEDIN, FL 34698**Current Mailing Address:**600 MAIN STREET
DUNEDIN, FL 34698 US**FEI Number:** 59-0855412**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIZER, SCOTT A
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

03/20/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	WATERS, GLENN
Address	300 PINELLAS STREET
City-State-Zip:	CLEARWATER FL 33756

Title	SECRETARY
Name	LANCASTER, GAY
Address	300 PINELLAS STREET
City-State-Zip:	CLEARWATER FL 33756

Title	DIRECTOR
Name	AMIN, MAHESH MD
Address	300 PINELLAS STREET
City-State-Zip:	CLEARWATER FL 33756

Title	VICE CHAIR
Name	CANTONIS, JAMES
Address	300 PINELLAS STREET
City-State-Zip:	CLEARWATER FL 33756

Title	TREASURER
Name	WHIDDON, THOMAS
Address	300 PINELLAS STREET
City-State-Zip:	CLEARWATER FL 33756

Title	CHAIR
Name	FERRARA, V. RAYMOND
Address	300 PINELLAS STREET
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

PRESIDENT

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date