

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708627

FILED
Apr 29, 2013
Secretary of State
CC8539656431

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

FEI Number: 59-0855412

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARQUARDT, EMIL CJR
MACFARLANE FERGUSON & MCMULLEN
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title IPCD
Name ARMSTRONG, ED
Address 300 PINELLAS STREET
City-State-Zip: CLEARWATER FL 33756

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

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

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

Title VCD
Name FERRARA, 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

PD

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date