

2022 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: JENNIFER L TOUSE

03/25/2022

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 PAST CHAIR
Name ERICKSON, KURT
Address 601 MAIN STREET
City-State-Zip: DUNEDIN FL 34698

Title CHAIR
Name BURWELL, ANDY MD
Address 601 MAIN STREET
City-State-Zip: DUNEDIN FL 34698

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

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

Title TREASURER
Name DAMSKER, BENJE
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

03/25/2022

Electronic Signature of Signing Officer/Director Detail

Date