## **2023 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 03/27/2023

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

**PRESIDENT** Title Title **PAST CHAIR** ERICKSON, KURT Name GALDIERI, LOU Name Address 2985 DREW STREET Address 601 MAIN STREET City-State-Zip: DUNEDIN FL 34698 City-State-Zip: CLEARWATER FL 33759

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

Title **TREASURER** Title **SECRETARY** Name DAMSKER, BENJE Name COLE, KATIE 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 03/27/2023

Date

FILED Mar 27, 2023

**Secretary of State** 

4587801684CC