

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 :

Title	PRESIDENT
Name	GALDIERI, LOU
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: LOU GALDIERI**PRESIDENT****03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date