**NONPROFIT CORPORATION ANNUAL REPORT**

**1999**

**DOCUMENT # N97000003941**

1. **Corporation Name**
   FLORIDA HEALTH SCIENCES CENTER, INC.

- **Principal Place of Business**
  TAMPA GENERAL HOSPITAL
  ROOM G141, DAVIS ISLAND
  TAMPA FL 33606

- **Mailing Address**
  TAMPA GENERAL HOSPITAL
  ROOM G141, DAVIS ISLAND
  TAMPA FL 33606

- **Date Incorporated or Qualified**
  07/09/1997

- **FEI Number**
  59-3458145

- **Certificate of Status Desired**
  $8.75 Additional Fee Required

- **Election Campaign Financing**
  $5.00 May Be Added to Fees

9. **Name and Address of Current Registered Agent**
   BRADLEY, PAULA RN
   TAMPA GENERAL HEALTHCARE
   DAVIS ISLAND
   TAMPA FL 33606

10. **Name and Address of New Registered Agent**
    SIEGEL, BRUCE, MD
    TAMPA GENERAL HOSPITAL, ROOM G414
    TAMPA FL 33606

**SIGNATURE**

**DATE**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code
85. FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the agent or trustee so empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in the attachment we've had in address, with all other like empowered.

**SIGNATURE**: [Signature]

**DATE**: 5/21/99

**Phone**: 813-251-7383

**FLORIDA DEPARTMENT OF STATE**

Katherine Harris
Secretary of State

**DIVISION OF CORPORATIONS**

**FILED**

Jun 10, 1999 8:00 am

Secretary of State

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