2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003941

1. Entity Name
FLORIDA HEALTH SCIENCES CENTER, INC.

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

Mailing Address
PO BOX 1289
TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3458145

Applied For

Not Applicable

5. Certificate of Status Desired

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TESTA, FRANK
TAMPA GENERAL HEALTHCARE
DAVIS ISLAND
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

City

State

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS $61.25
After September 13, 2000, will be $236.25

9. Election Campaign Financing

$5.00 May Be Added to Fees

Make Check Payable to

Department of State

10. OFFICERS AND DIRECTORS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-ST-ZIP</th>
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</thead>
<tbody>
<tr>
<td>D/ T</td>
<td>STRAZ, DAVID A JR</td>
<td>TAMPA GENERAL HOSPITAL, RM A138</td>
<td>TAMPA FL 33606</td>
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<tr>
<td>D</td>
<td>SILBIGER, MARTIN L MD</td>
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<tr>
<td>D/S</td>
<td>MOODY, LIZABETH ANN</td>
<td>TAMPA GENERAL HOSPITAL, RM A138</td>
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</table>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Cancio; Margarita R., M.D.</td>
<td>TAMPA GENERAL HOSPITAL, RM A138</td>
<td>TAMPA FL 33606</td>
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<td>Cockburn, Alden, M.D.</td>
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<td>TAMPA FL 33606</td>
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<td>Hytoff, Ronald A.</td>
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<td>TAMPA GENERAL HOSPITAL, RM A138</td>
<td>TAMPA FL 33606</td>
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<td>Edwards, Bob, Esquire</td>
<td>TAMPA GENERAL HOSPITAL, RM A138</td>
<td>TAMPA FL 33606</td>
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<td>D/V</td>
<td>Harrell, Cecil S.</td>
<td>TAMPA GENERAL HOSPITAL, RM A138</td>
<td>TAMPA FL 33606</td>
</tr>
</tbody>
</table>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a) of Chapter 119, Florida Statutes, and that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment if an address, with all other like empowered.

SIGNATURE: [Signature]

[Signature and Typed or Printed Name of Registered Agent]

[Signature]

[Typed or Printed Name of Registered Agent]

[Date]

[Daytime Phone #]
OFFICERS AND DIRECTORS CON'T

D
Jimenez, James A.  CPA
Tampa General Hospital, RM A138
Tampa, FL  33606

D
Otero, Raul R.
Tampa General Hospital, RM A138
Tampa, FL  33606

D
Warren, James W.
Tampa General Hospital, RM A138
Tampa, FL  33606