2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N97000003941

1. Entity Name
FLORIDA HEALTH SCIENCES CENTER, INC.

Principal Place of Business
TAMPA GENERAL HOSPITAL
2 COLUMBIA DR, DAVISON ISLANDS
TAMPA, FL 33606

Mailing Address
PO BOX 1209
TAMPA, FL 33601

2. Principal Place of Business

Suite, Apt. #, etc.
2

City & State
TAMPA, FL 33606

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number
59-3458145

5. Certificate of Status Desired (XX $8.75 Additional Fee Required)

6. Name and Address of Current Registered Agent
HEABERLIN, CARL R.
TAMPA GENERAL HOSPITAL
2 COLUMBIA DRIVE, DAVIS ISLANDS
TAMPA, FL 33606

7. Name and Address of New Registered Agent
Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agents.

SIGNATURE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing

Trust Fund Contribution

$5.00 May Be Added to Fees

Make check payable to Florida 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</td>
<td>BERGER-MACKINNON, DOTTIE</td>
<td>TAMPA GENERAL HOSPITAL RM A134</td>
<td>TAMPA, FL 33606</td>
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<tr>
<td>P</td>
<td>HYTOFF, RONALD A</td>
<td>TAMPA GEN. HOSPITAL 2 COLUMBIA DR</td>
<td>TAMPA, FL 33606</td>
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<tr>
<td>D</td>
<td>WRIGHT, CHARLES E MD</td>
<td>2 COLUMBIA DR., DAVIS ISLANDS</td>
<td>TAMPA, FL 33606</td>
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<tr>
<td>D</td>
<td>ROSS, JEREMY P ESQ</td>
<td>TAMPA GENERAL HOSP, RM A134</td>
<td>TAMPA, FL 33608</td>
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<tr>
<td>D</td>
<td>MULLIS, HAL JR ESQ</td>
<td>TAMPA GENERAL HOSPITAL RM A134</td>
<td>TAMPA, FL 33606</td>
</tr>
<tr>
<td>D</td>
<td>OTERO, RAUL R MD</td>
<td>HARBORSHIDE MEDICAL TOWERS, STE 110</td>
<td>TAMPA, FL 33606</td>
</tr>
</tbody>
</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>Brantley, Stephen MD</td>
<td>Tampa General Hospital RM A134</td>
<td>Tampa, FL 33606</td>
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<td>D</td>
<td>Canio, Margarita MD</td>
<td>Tampa General Hospital RM A134</td>
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<td>D</td>
<td>Collins, Leroy Jr</td>
<td>Tampa General Hospital RM A134</td>
<td>Tampa, FL 33606</td>
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<td>D</td>
<td>Ross, Jeremy P Esq</td>
<td>Tampa General Hospital RM A134</td>
<td>Tampa, FL 33606</td>
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<tr>
<td>D</td>
<td>Mullis, Hal Jr Esq</td>
<td>Tampa General Hospital RM A134</td>
<td>Tampa, FL 33606</td>
</tr>
</tbody>
</table>

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3K), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and current. I authorize the signature to have the same 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 with an address, with all other like empowered.

SIGNATURE: [Signature]

Ronald A Hytoff, Pres/CEO
813-844-7662
OFFICERS AND DIRECTORS CONTINUED

D
Corbett, Richard A.
Tampa General Hospital, Rm A134
Tampa, FL 33606

D
Klasko, Stephen K. MD
Tampa General Hospital, Rm A134
Tampa, FL 33606

DT
Jimenez, James A. CPA
Tampa General Hospital, Rm A134
Tampa, FL 33606

D
Lane, Curtis
Tampa General Hospital, Rm A134
Tampa, FL 33606

D
Nouss, Mark
Tampa General Hospital, Rm A134
Tampa, FL 33606

D
Scriven, Lansing C. Esq
Tampa General Hospital, Rm A134
Tampa, FL 33606

D
Wallace, Don
Tampa General Hospital, Rm A134
Tampa, FL 33606

DVC
Warren, Jim
Tampa General Hospital, Rm A134
Tampa, FL 33606