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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003941 (8)

1. Corporation Name

FLORIDA HEALTH SCIENCES CENTER, INC.

Principal Place of Business

Mailing Address

**TAMPA GENERAL HOSPITAL
 ROOM G141, DAVIS ISLAND
 TAMPA FL 33606**

**TAMPA GENERAL HOSPITAL
 ROOM G141, DAVIS ISLAND
 TAMPA FL 33606**

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

59-3458145

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CANCIO, MARGARITA R., MD	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM G141	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	-D- P	<input type="checkbox"/> DELETE
NAME	SHIRLEY, TERRANCE M	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM G141	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CULBREATH, H.L.	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM G141	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFSON, JAY Dr. PH., JD	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM G141	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COCKBURN, ALDEN, MD	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM G141	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOODY, ELIZABETH-MOODY, LIZABETH ANN	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM G141	
CITY-ST-ZIP	TAMPA FL 33606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David A. Straz, Jr.	
1.3 STREET ADDRESS	Tampa General Hospital RM G141	
1.4 CITY-ST-ZIP	Tampa, FL 33606	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Martin L. Silbiger, MD	
2.3 STREET ADDRESS	Tampa General Hospital, RM G141	
2.4 CITY-ST-ZIP	Tampa, FL 33606	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce Siegel, MD	
3.3 STREET ADDRESS	Tampa General Hospital, RM G141	
3.4 CITY-ST-ZIP	Tampa, FL 33606	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeremy P. Ross, Esquire	
4.3 STREET ADDRESS	Tampa General Hospital, RM G141	
4.4 CITY-ST-ZIP	Tampa, FL 33606	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Toni A. Mitchell, MD	
5.3 STREET ADDRESS	Tampa General Hospital, RM G 141	
5.4 CITY-ST-ZIP	Tampa, FL 33606	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James A. Jimenez, CPA	
6.3 STREET ADDRESS	Tampa General Hospital, RM G141	
6.4 CITY-ST-ZIP	Tampa, FL 33606	

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 receiver or trustee 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 on an attachment with an address.

SIGNATURE

SIGNEE: Bruce Siegel, MD President and CEO

4/23/98

(813)251-7383

CR2E037 (10/97)

OFFICERS AND DIRECTORS CON'T

D

C. Stan Harrell
Tampa General Hospital, RM G141
Tampa, FL 33606

D

Virginia Campbell, RN, Phd
Tampa General Hospital, RM G141
Tampa, FL 33606