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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 TAMPA GENERAL HOSPITAL ROOM G141, DAVIS ISLAND TAMPA FL 33606	Mailing Address TAMPA GENERAL HOSPITAL ROOM G141, DAVIS ISLAND TAMPA FL 33606
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3. Date Incorporated or Qualified 07/09/1997	
4. FEI Number 59-3458145	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE CANCIO, MARGARITA R, MD TAMPA GENERAL HOSPITAL, ROOM G141 TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - P <input type="checkbox"/> DELETE SHIRLEY, TERRANCE M TAMPA GENERAL HOSPITAL, ROOM G141 TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE CULBREATH, H.L. TAMPA GENERAL HOSPITAL, ROOM G141 TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE WOLFSON, JAY Dr. PH, JD TAMPA GENERAL HOSPITAL, ROOM G141 TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE COCKBURN, ALDEN, MD TAMPA GENERAL HOSPITAL, ROOM G141 TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE MOODY, ELIZABETH-MOODY, LIZABETH ANN TAMPA GENERAL HOSPITAL, ROOM G141 TAMPA FL 33606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David A. Straz, Jr. Tampa General Hospital RM G141 Tampa, FL 33606
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Martin L. Silbiger, MD Tampa General Hospital, RM G141 Tampa, FL 33606
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bruce Siegel, MD Tampa General Hospital, RM G141 Tampa, FL 33606
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jeremy P. Ross, Esquire Tampa General Hospital, RM G141 Tampa, FL 33606
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Toni A. Mitchell, MD Tampa General Hospital, RM G 141 Tampa, FL 33606
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James A. Jimenez, CPA Tampa General Hospital, RM G141 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)(f), 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: **STEVEN WILKINSON** (813)251-7383
STEVEN WILKINSON, MD President and CEO 4/23/98

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