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Secretary of State

06-10-1999 90019 017 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 1289	3. Date incorporated or Qualified 07/09/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3458145
City & State 23	City & State 28 Tampa, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75-Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33601	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRADLEE, PAULA RN TAMPA GENERAL HEALTHCARE DAVIS ISLAND TAMPA FL 33606		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAZ, DAVID A JR	1.2 NAME	
STREET ADDRESS	TAMPA GENERAL HOSPITAL RM <del>G141</del> A138	1.3 STREET ADDRESS	SEE ATTACHED FOR ADDITIONS
CITY-ST-ZIP	TAMPOA FL 33606	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBIGER, MARTIN L MD	2.2 NAME	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM G141	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, MD	3.2 NAME	Siegel, Bruce, MD
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM <del>G141</del> A138	3.3 STREET ADDRESS	Tampa General Hospital, Room <del>G141</del> A138
CITY-ST-ZIP	TAMPA FL 33606	3.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JEREMY P ESQ	4.2 NAME	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM <del>G141</del> A138	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, TONI A MD	5.2 NAME	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM G141	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, LIZABETH ANN	6.2 NAME	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, ROOM <del>G141</del> A138	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Bruce Siegel, MD President/CEO 5/21/99 813-251-7383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0066906

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Cancio, Margarita, MD  
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Campbell, Virginia  
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Harrell, Stan C.S.  
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