

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90033 005 ****70.00

DOCUMENT # N97000003941

1. Entity Name

FLORIDA HEALTH SCIENCES CENTER, INC.

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DO NOT WRITE IN THIS SPACE

Principal Place of Business TAMPA GENERAL HOSPITAL ROOM G141, DAVIS ISLAND TAMPA FL 33606	Mailing Address PO BOX 1289 TAMPA FL 33601
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3458145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / T STRAZ, DAVID A JR TAMPA GENERAL HOSPITAL RM A138 TAMPOA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBIGER, MARTIN L MD TAMPA GENERAL HOSPITAL, ROOM G141 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, MD TAMPA GENERAL HOSPITAL RM A138 TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JEREMY P ESQ TAMPA GENERAL HOSPITAL RM A138 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLIS, HAL JR TAMPA GENERAL HOSPITAL RM G141 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / S MOODY, LIZABETH ANN TAMPA GENERAL HOSPITAL RM A138 TAMPA FL 33606	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cancio, Margarita R., M.D. Tampa General Hospital RM A138 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cockburn, Alden, M.D. Tampa General Hospital RM A138 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hytoff, Ronald A. Tampa General Hospital, RM A138 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / C Culbreath, H.L. Tampa General Hospital, RM A138 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edwards, Bob, Esquire Tampa General Hospital, RM A138 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / VC Harrell, Cecil S. Tampa General Hospital, RM A138 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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 with an address, with all other like empowered.

SIGNATURE: Ronald A. Hytoff **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Ronald A. Hytoff, President and CEO **DATE** 8/17/00 **DAYTIME PHONE #** 813-251-7662

CR2E037 (5/00)

Attachment
DF#NAN000039411
DW814016

OFFICERS AND DIRECTORS CON'T

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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