

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90012 036 \*\*\*\*70.00

**DOCUMENT # N97000003941**

1. Entity Name

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Principal Place of Business

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

Mailing Address

**PO BOX 1289  
 TAMPA FL 33601**

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

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANCIO, MARGARITA R M.D. 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	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 Bartels, Loren J. MD 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 Berger, Dottie 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 MD 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 Daugherty, Robert MD Tampa General Hospital, RM A 138 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*  
**REQUIRED**

**Ronald A. Hytoff,  
 President and CEO**

1/25/01

(813)844-7662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0057 17

8135005  
N97000003941

OFFICERS AND DIRECTORS CON'T

D

Edwards, Bob  
Tampa General Hospital, RM A138  
Tampa, FL 33606

D

Harrell, Cecil S.  
Tampa General Hospital, RM A138  
Tampa, FL 33606

D

Jimenez, James A.  
Tampa General Hospital, RM A138  
Tampa, FL 33606

D

Lane, Curtis  
Tampa General Hospital, RM A138  
Tampa, FL 33606

D

Otero, Raul R. MD  
Tampa General Hospital, RM A138  
Tampa, FL 33606

D

Warren, James W.  
Tampa General Hospital, RM A138  
Tampa, FL 33606