

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90068 034 ****70.00

DOCUMENT # N97000003941

1. Entity Name

FLORIDA HEALTH SCIENCES CENTER, INC.

Principal Place of Business

Mailing Address

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

**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

7. Name and Address of New Registered Agent

**ZEHNDER, KAREN R.N.
 TAMPA GENERAL HOSPITAL
 2 COLUMBIA DRIVE, DAVIS ISLANDS
 TAMPA FL 33606**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/26/02
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAZ, DAVID A JR TAMPA GENERAL HOSPITAL RM A138 TAMPOA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYTOFF, RONALD TAMPA GENERAL HOSPITAL 2 Columbia Drive TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTELS, LOREN J MD TAMPA GENERAL HOSPITAL RM A138 A134 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D /C ROSS, JEREMY P ESQ TAMPA GENERAL HOSPITAL RM A138 A134 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D /VC MULLIS, HAL JR Esq TAMPA GENERAL HOSPITAL RM G141 A134 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D /S MOODY, LIZABETH ANN ESQ TAMPA GENERAL HOSPITAL RM A138 A134 TAMPA FL 33606	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Berger-Mackinnon, Dottie Tampa General Hospital RM A134 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 A 134 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corbett, Richard A. Tampa General Hospital RM A134 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Culbreath, H.L. Tampa General Hospital, RM A134 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daugherty, Robert M. MD Tampa General Hospital RM A134 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTINUED ON 2nd PAGE	

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. Htyoff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald A. Htyoff, Pres/CEO

Date

813/844-7662
 Daytime Phone #

CR2E037 (9/01)

Attachment

N97000003941
788267

OFFICERS AND DIRECTORS CONTINUED

D
Edwards, Bob Esq
Tampa General Hospital, RM A134
Tampa, FL 33606

D/T
Jimenez, James A.
Tampa General Hospital, RM A134
Tampa, FL 33606

D
Lane, Curtis
Tampa General Hospital, RM A134
Tampa, FL 33606

D
Miller, Cynthia
Tampa General Hospital, RM A134
Tampa, FL 33606

D
Otero, Raul R. MD
Tampa General Hospital, RM A134
Tampa, FL 33606

D
Warren, James W.
Tampa General Hospital, RM A134
Tampa, FL 33606