


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90003 017 \*\*\*\*61.25

**DOCUMENT # N97000003941**

1. Entity Name  
 FLORIDA HEALTH SCIENCES CENTER, INC.



Principal Place of Business  
 TAMPA GENERAL HOSPITAL  
 2 COLUMBIA DR., DAVIS ISLANDS  
 TAMPA, FL 33606

Mailing Address  
 PO BOX 1289  
 TAMPA, FL 33601

**54058195**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

06152004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 59-3458145

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HEABERLIN, CARL R.N.  
 TAMPA GENERAL HOSPITAL  
 2 COLUMBIA DRIVE, DAVIS ISLANDS  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER-MACKINNON, DOTTIE	
STREET ADDRESS	TAMPA GENERAL HOSPITAL RM A134	
CITY-ST-ZIP	TAMPOA, FL 33606	
TITLE	P	<input type="checkbox"/> Delete
NAME	HYTOFF, RONALD A	
STREET ADDRESS	TAMPA GEN. HOSPITAL 2 COLUMBIA DR.	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, CHARLES E MD	
STREET ADDRESS	2 COLUMBIA DR., DAVIS ISLANDS	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ROSS, JEREMY P ESQ	
STREET ADDRESS	TAMPA GENERAL HOSP. RM A134	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	MULLIS, HAL JR ESQ	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, RM A134	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	DS	<input type="checkbox"/> Delete
NAME	OTERO, RAUL R MD	
STREET ADDRESS	HARBORSIDE MEDICAL TOWERS, STE 110	
CITY-ST-ZIP	TAMPA, FL 33606	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 **RONALD A. HYTOFF** 6/15/04 813-844-7662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

ATTACHMENT TO 2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

54058195

# N97006003941

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANCIO, MARGARITA M.D. TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, LeROY TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBETT, RICHARD A. TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELSOLE, ROBERT M.D. TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, JAMES A. C.P.A. TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, CURTIS TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CYNTHIA D. C.P.A. TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCRIVEN, LANSE C. ESQ. TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAYER, STELLA F. ESQ. TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, JAMES W. III TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE TAMPA, FL 33606

Attachment

54058195

# N9700003941

**Buchanan Ingersoll**  
ATTORNEYS

Linda L. Fleming  
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flemingl1@bipc.com

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June 16, 2004

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Registration Section  
409 East Gaines Street  
Tallahassee, FL 32399


Re: Florida Health Sciences Center, Inc.

Dear Sir or Madam:

We have enclosed for filing Florida Health Sciences Center's 2004 Not-For-Profit Annual Report as well as a check from this law firm in the amount of \$61.25.

Thank you for your assistance in this matter. If you have any questions or need further information, please call me at (813) 222-8199.

Sincerely,

  
Linda L. Fleming

Enclosures

cc: Mr. Ronald A. Hytoff (w/o enclosures)  
James J. Kennedy, III, Esq. (w/o enclosures)