2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Country Country Sup Country S. Certificate of Status Desired \$8.7\$ Accilional Foo People of Poo People	DOCUMENT # N9700003941 1. Entity Name FLORIDA HEALTH SCIENCES CENTER, INC.					06-21-2004	4 90003 017 ***	*61.25	
Suite, Apt. 8, etc. City & State City & St	TAMPA GENE 2 COLUMBIA	RAL HOSPITAL Dr., Davis Islands	PO BOX 1289		1 10 10 10 10 10				
Cay & State Country Zip Zip Zip Zip Zip Zip Zip Zi	2. Principal P	ace of Business 3	. Mailing Address						
Sp-3458145 Sp-	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		06152004	Chg-NP	CR2E037 (10/0	3)	
S. Ceriture of Status Desired Fee Required	City & State	9	City & State			45		Applied For Not Applicable	
Name and Address of Current Registered Agent		Country	Zip	Country	5. Certificate of	Status Desired			
HEABERIIN, CARIL R.N. TAMPA GENERAL HOSPITAL 2 COLUMBIA D RIVES DAVIS ISLANDS TAMPA, FL 33606		6. Name and Address of Current Reg	istered Agent		7, Name and Ad	idress of New i	Registered Agent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suprature, yard or printed here of registered agent and the disposable. (WOTE Registered Agent separate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (WOTE Registered Agent separate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (WOTE Registered Agent separate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (WOTE Registered Agent separate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (WOTE Registered Agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (INT ET WOTE ASTATE AGENT AGENT AGENT AGENT AGENT AGENT AGENT AGENT	HEABERL	IN, CARL R.N.		Name					
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SOTITUTE PILITING Fee is \$61.25 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 1111E DO	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE, DAVIS ISLANDS				Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Tam familiar with, and accept the obligations of registered agent. Common		, i		City			FL Zip C	Code	
Filing Fee is \$61.25 Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME BERGER-MACKINNON, DOTTIE TAMPA GENERAL HOSPITAL RM A134 TAMPOA, FL 33606 TITLE DENAME SIRETADORSS TAMPA, FL 33606 TITLE DENAME SIRETADORSS TAMPA, FL 33606 TITLE DENAME SIRETADORSS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DENAME ROSS, JEREMY P ESQ DESIRE ADDRESS TAMPA, FL 33606 TITLE DESTRICTADORESS CITY-ST-2P TAMPA CITY-ST-2P TAMPA CITY-ST-2P TAMPA CITY-ST-2P TAMPA CITY-ST-2P TAMPA CITY-ST-2P TAMPA	the obligat	ions of registered agent.				in the State of Fl		ith, and accept	
TITLE NAME DERGER-MACKINNON, DOTTIE STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME WRIGHT, CHARLES E MD STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME ROSS, JEREMY P ESQ STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME ROSS, JEREMY P ESQ STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-2P TAMPA, FL 33606 TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Filing Fee is \$61.25 9. Election Campaign				\$5.00 May Be Added to Fees				
NAME SITRET ADDRESS CITY-ST-ZIP TAMPA, GENERAL HOSPITAL RM A134 TAMPOA, FL 33606 TAMPOA, FL 33606 TAMPA GENERAL HOSPITAL RM A134 TAMPOA, FL 33606 TAMPA GEN. HOSPITAL 2 COLUMBIA DR. TAMPA GEN. HOSPITAL 2 COLUMBIA DR. TAMPA GEN. HOSPITAL 2 COLUMBIA DR. TAMPA, FL 33606			TORS	11.	ADDITIONS/CHAN	GES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606	NAME STREET ADORESS	BERGER-MACKINNON, DOTTIE TAMPA GENERAL HOSPITAL RM /		NAME STREET ADDRESS			☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME ROSS, JEREMY P ESQ STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DS OTERO, RAUL R MD HARBORSIDE MEDICAL TOWERS, STE 110 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TAMPA, FL 33606 STREET ADDRESS CITY-ST-ZIP TITLE DS OTERO, RAUL R MD HARBORSIDE MEDICAL TOWERS, STE 110 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP TAMPA, FL 33606 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP	NAME STREET ADDRESS	HYTOFF, RONALD A TAMPA GEN. HOSPITAL 2 COLUM	_	NAME STREET ADDRESS			☐ Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TAMPA, GENERAL HOSP, RM A134 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606	NAME STREET ADDRESS	WRIGHT, CHARLES E MD 2 COLUMBIA DR., DAVIS ISLANDS		NAME STREET ADORESS			☐ Char	ge 🔲 Addition	
NAME STREET ADDRESS CITY- ST- ZIP TAMPA, FL 33606 NAME STREET ADDRESS CITY- ST- ZIP NAME OTERO, RAUL R MD STREET ADDRESS CITY- ST- ZIP TAMPA, FL 33606 NAME OTERO, RAUL R MD STREET ADDRESS CITY- ST- ZIP TAMPA, FL 33606 CITY- ST- ZIP TAMPA, FL 33606 CITY- ST- ZIP NAME STREET ADDRESS CITY- ST- ZIP	NAME STREET ADDRESS	ROSS, JEREMY PESQ TAMPA GENERAL HOSP. RM A134		NAME STREET ADDRESS			☐ Char	ge 🔲 Addition	
NAME STREET ADDRESS HARBORSIDE MEDICAL TOWERS, STE 110 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MULLIS,, HAL JR ESQ TAMPA GENERAL HOSPITAL, RM		NAME STREET ADDRESS			☐ Char	ge 🔲 Addilion	
	NAME Street address City- St-Zip	OTERO, RAUL R MD HARBORSIDE MEDICAL TOWERS TAMPA, FL 33606	STE 110	NAME STREET ADDRESS CITY-ST-ZIP					

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 attackment with an address, with all other like empowered.

SIGNATURE: ROUALD A. HYTOFF
SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIPECTOR

Affachnent

ATTACHMENT TO 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

54058195 #N9700 400 3941

	·						
	10. OFFICERS AND DIRECTORS						
	TITLE	D					
	NAME	CANCIO, MARGARITA M.D.					
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
	CITY-ST-ZIP	TAMPA, FL 33606					
	TITLE	D					
	NAME (COLLINS, LeROY					
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
	CITY-ST-ZIP	TAMPA, FL 33606					
	TITLE	D	# "# 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #				
	NAME	CORBETT, RICHARD A.					
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
	CITY-ST-ZIP	TAMPA, FL 33606					
	TITLE	D					
ı	NAME	BELSOLE, ROBERT M.D.					
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
	CITY-ST-ZIP	TAMPA, FL 33606					
	TITLE	D	71177 1 (1)				
:	NAME	JIMENEZ, JAMES A. C.P.A.					
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
1	CITY-ST-ZIP	TAMPA, FL 33606					
	TITLE	D					
	NAME	LANE, CURTIS					
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
	CITY-ST-ZIP	TAMPA, FL 33606					
	TITLE	D					
	NAME	MILLER, CYNTHIA D. C.P.A.	:				
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
	CITY-ST-ZIP	TAMPA, FL 33606					
	TITLE '	D	1				
	NAME	SCRIVEN, LANSE C. ESQ.					
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
1	CITY-ST-ZIP	TAMPA, FL 33606	j				
	TITLE	D					
	NAME	THAYER, STELLA F. ESQ.					
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
	CITY-ST-ZIP	TAMPA, FL 33606					
	TITLE	D					
	NAME "	WARREN, JAMES W. III					
	STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE					
	CITY-ST-ZIP	TAMPA, FL 33606					

Affachment

Buchanan Ingersoll

ATTORNEYS

Linda L. Fleming 813-222-8199 flemingl1@bipc.com + 1/9 700000 3941

SunTrust Financial Centre 401 E. Jackson Street, Suite 2500 Tampa, FL 33602-5236

T 813 222 8180 F 813 222 8189

www.buchananingersoll.com

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,

Goda & Flerring
Linda L. Fleming

Enclosures

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