


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90002 033 ****70.00

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

50060668



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

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

08042005 Chg-NP CR2E037 (10/03)

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

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

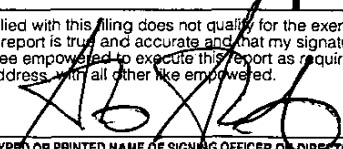
Filing Fee is \$61.25 Due by September 7, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BERGER-MACKINNON, DOTTIE STREET ADDRESS TAMPA GENERAL HOSPITAL RM A134 CITY-ST-ZIP TAMPOA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME HYTOFF, RONALD A STREET ADDRESS TAMPA GEN. HOSPITAL 2 COLUMBIA DR. CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WRIGHT, CHARLES E MD STREET ADDRESS 2 COLUMBIA DR., DAVIS ISLANDS CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE DT NAME James A. Jimenez, CPA STREET ADDRESS 1302 W. Sligh Avenue, Tampa, FL 33603 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DC NAME ROSS, JEREMY P ESQ STREET ADDRESS TAMPA GENERAL HOSP. RM A134 CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVC NAME MULLIS,, HAL JR ESQ STREET ADDRESS TAMPA GENERAL HOSPITAL, RM A134 CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE DC NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME OTERO, RAUL R MD STREET ADDRESS HARBORSIDE MEDICAL TOWERS, STE 110 CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 employees.

SIGNATURE:  **Steve L. Short** (813) 844-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
#N97000003941
50060.668

FLORIDA HEALTH SCIENCES CENTER, INC.
ADDENDUM TO 2005 ANNUAL REPORT

11. Additional Officers and Directors

Director
Stephen Brantley, M.D.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Margarita Cancio, M.D.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Leroy Collins, Jr.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Richard A. Corbett
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Stephen Klasko, M.D.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Lansing Scriven, Esq.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

ATTACHMENT
F9500002507
5060668

FLORIDA HEALTH SCIENCES CENTER, INC.
ADDENDUM TO 2005 ANNUAL REPORT

Director
Mark Nouss
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Don Wallace
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
James Warren
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Executive Vice President
Steve Short
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Executive Vice President
Deanna Nelson, R.N.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Buchanan Ingersoll
ATTORNEYS

Linda L. Fleming
813-222-8199
flamingl1@bipc.com

ATTACHMENT
#F9500002507

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

T 813 222 8180
F 813 222 8189

www.buchananingersoll.com

August 4, 2005

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 2005 Not-For-Profit Annual Report as well as a check from this law firm in the amount of \$70.00 for the filing fee and active status certificate requested.

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. Steve Short (w/o enclosures)
James J. Kennedy, III, Esq. (w/o enclosures)