


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 AUG 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50061438

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		
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 XX \$8.75 Additional Fee Required				07062005 Chg-NP CR2E037 (10/03)	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEABERLIN, CARL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER-MACKINNON, DOTTIE		NAME	Brantley, Stephen MD	
STREET ADDRESS	TAMPA GENERAL HOSPITAL RM A134		STREET ADDRESS	Tampa General Hospital RM A134	
CITY-ST-ZIP	TAMPOA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYTOFF, RONALD A		NAME	Cancio, Margartia MD	
STREET ADDRESS	TAMPA GEN. HOSPITAL 2 COLUMBIA DR.		STREET ADDRESS	Tampa General Hospital RM A134	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, CHARLES E MD		NAME	Collins, Leroy Jr	
STREET ADDRESS	2 COLUMBIA DR., DAVIS ISLANDS		STREET ADDRESS	Tampa General Hospital RM A134	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JEREMY P ESQ		NAME	Ross, Jeremy P Esq	
STREET ADDRESS	TAMPA GENERAL HOSP. RM A134		STREET ADDRESS	Tampa General Hospital RM A134	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	DVC	<input checked="" type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIS, HAL JR ESQ		NAME	Mullis, Hal Jr Esq	
STREET ADDRESS	TAMPA GENERAL HOSPITAL, RM A134		STREET ADDRESS	Tampa General Hospital RM A134	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, RAUL R MD		NAME	Continued on 2nd page	
STREET ADDRESS	HARBORSIDE MEDICAL TOWERS, STE 110		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		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: <u>Ronald A. Hytoff</u>			Ronald A Hytoff, Pres/CEO		813-844-7662
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>



ATTACHMENT

OFFICERS AND DIRECTORS CONTINUED

50061438
N97 00003941

D
Corbett, Richard A.
Tampa General Hospital, Rm A134
Tampa, FL 33606

D
Klasko, Stephen K. MD
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DT
Jimenez, James A. CPA
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D
Lane, Curtis
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Nouss, Mark
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Tampa, FL 33606

D
Scriven, Lansing C. Esq
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Wallace, Don
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Tampa, FL 33606

DVC
Warren, Jim
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Tampa, FL 33606