


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90040 048 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3458145				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. 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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER-MACKINNON, DOTTIE		NAME	Scriven, Lansing C Esq	
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	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYTOFF, RONALD A		NAME	Warren, Jim	
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	DT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMENEZ, JAMES A CPA		NAME	Brantley, Stephen MD	
STREET ADDRESS	1302 W SLIGH AVE		STREET ADDRESS	Tampa General Hospital, Rm A134	
CITY-ST-ZIP	TAMPA, FL 33603		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	ROSS, JEREMY P ESQ		NAME	Cancio, Margarita MD	
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	DC	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLIS, HAL JR, ESQ		NAME	Collins, Leroy Jr	
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 checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, RAUL R MD		NAME	Otero, Raul R MD	
STREET ADDRESS	HARBORSIDE MEDICAL TOWERS, STE 110		STREET ADDRESS	Tampa General Hospital, Rm A134	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ronald A. Hytoff</i>		Ronald A. Hytoff, Pres/CEO		8 Mar 06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50003827



02212006 Chg-NP CR2E037 (11/05)

FL

Zip Code

Make check payable to
Florida Department of State

(continued)

ATTACHMENT
50003827
~~#197000003941~~

OFFICERS AND DIRECTORS CONTINUED

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

D
Klasko, Stephen K. MD
Tampa General Hospital, Rm A134
Tampa, FL 33606

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

D
Nouss, Mark
Tampa General Hospital, Rm A134
Tampa, FL 33606

D
Shires, Dana L. MD
Tampa General Hospital, Rm A134
Tampa, FL 33606

D
Straz, David A. Jr.
Tampa General Hospital, Rm A134
Tampa, FL 33606

D
Wallace, Don
Tampa General Hospital, Rm A134
Tampa, FL 33606