

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003941

FILED  
May 28, 2008  
Secretary of State

**Entity Name:** FLORIDA HEALTH SCIENCES CENTER, INC.

**Current Principal Place of Business:**

TAMPA GENERAL HOSPITAL  
2 COLUMBIA DR., DAVIS ISLANDS  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1289  
TAMPA, FL 33601

**New Mailing Address:**

**FEI Number:** 59-3458145      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HEABERLIN, CARL R.N.  
TAMPA GENERAL HOSPITAL  
2 COLUMBIA DRIVE, DAVIS ISLANDS  
TAMPA, FL 33606 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: BERGER-MACKINNON, DOTTIE  
Address: TAMPA GENERAL HOSPITAL RM A134  
City-St-Zip: TAMPOA, FL 33606

Title: P ( ) Delete  
Name: HYTOFF, RONALD A  
Address: TAMPA GEN. HOSPITAL 2 COLUMBIA DR.  
City-St-Zip: TAMPA, FL 33606

Title: DT ( ) Delete  
Name: SCRIVEN, ESQ, LANSING C  
Address: TAMPA GENERAL HOSPITAL RM A134  
City-St-Zip: TAMPA, FL 33606

Title: DVC ( ) Delete  
Name: WARREN, JIM  
Address: TAMPA GENERAL HOSPITAL RM A134  
City-St-Zip: TAMPA, FL 33606

Title: DC ( ) Delete  
Name: MULLIS, HAL JR, ESQ  
Address: TAMPA GENERAL HOSPITAL, RM A134  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: COLLINS, JR, LEROY  
Address: TAMPA GENERAL HOSPITAL RIM A134  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD HYTOFF

P

05/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date