

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# N97000003941

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:

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

Name and Address of New Registered Agent:

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