

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003941

FILED  
Jan 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1289  
ATTN: DIRECTOR OF CORPORATE ACCOUNTING  
TAMPA, FL 33601

**New Mailing Address:**

**FEI Number:** 59-3458145      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**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: D  
Name: CANCIO, MARGARITA M.D.  
Address: TAMPA GENERAL HOSPITAL RM A134  
City-St-Zip: TAMPA, FL 33606

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

Title: D  
Name: DINGLE, PHILLIP S  
Address: TAMPA GENERAL HOSPITAL RM A134  
City-St-Zip: TAMPA, FL 33606

Title: DC  
Name: WARREN, JAMES W III  
Address: TAMPA GENERAL HOSPITAL RM A134  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: TAGGART, JOSEPH W  
Address: TAMPA GENERAL HOSPITAL, RM A134  
City-St-Zip: TAMPA, FL 33606

Title: DVC  
Name: STRAZ, DAVID A JR  
Address: TAMPA GENERAL HOSPITAL RIM A134  
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: RONALD A. HYTOFF

P

01/14/2011

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

\_\_\_\_\_  
Date