


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 27 AM 8:50

**DOCUMENT # N97000003941**

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



Principal Place of Business  
**TAMPA GENERAL HOSPITAL  
ROOM 6141, DAVIS ISLAND  
TAMPA, FL 33606**

Mailing Address  
**PO BOX 1289  
TAMPA, FL 33601**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**Tampa General Hospital**

3. Mailing Address  
Suite, Apt. #, etc.  
**2 Columbia Dr., Davis Islands**

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33606**

Country  
**U.S.A.**

4. FEI Number  
**59-3458145**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ZEHNDER, KAREN R.N.  
TAMPA GENERAL HOSPITAL  
2 COLUMBIA DRIVE, DAVIS ISLANDS  
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name  
**Carl Heaberlin**

Street Address (P.O. Box Number is Not Acceptable)  
**Tampa General Hospital**


**2 Columbia Dr., Davis Islands**

City  
**Tampa**

State  
**FL**

Zip Code  
**33606**

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  **5-23-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**CARL HEABERLIN, REGISTERED AGENT**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER-MACKINNON, DOTTIE TAMPA GENERAL HOSPITAL RM A134 TAMPOA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYTOFF, RONALD TAMPA GEN. HOSPITAL 2 COLOMBIA DR. TAMPA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTELS, LOREN J MD TAMPA GENERAL HOSPITAL RM A 134 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROSS, JEREMY P ESQ TAMPA GENERAL HOSP. RM A134 TAMPA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC MULLIS,, HAL JR ESQ TAMPA GENERAL HOSPITAL, RM A134 TAMPA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOODY, LIZABETH A ESQ. TAMPA GENERAL HOSP. RM A134 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles E. Wright, M.D. 2 Columbia Dr., Davis Islands Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Raul R. Otero, M.D. Harborside Medical Towers, Ste. 110 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **MAY 23, 2003** **813-844-7662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RON HYTOFF, PRESIDENT AND CEO

CR2E037 (10/02)

2/2



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 106849 7132640

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 70.00

ORDER DATE : May 27, 2003

ORDER TIME : 10:33 AM

ORDER NO. : 106849-005

CUSTOMER NO: 7132640

CUSTOMER: Ms. Linda L. Fleming  
Buchanan Ingersoll, P.c.  
Suntrust Financial Center  
401 E. Jackson Street, #2500  
Tampa, FL 33602

ANNUAL REPORT FILING

NAME: FLORIDA HEALTH SCIENCES CENTER  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
03 MAY 27 AM 11:40  
DIVISION OF CORPORATION