**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT** 

Entity Name: FLORIDA HEALTH SCIENCES CENTER, INC.

# **Current Principal Place of Business:**

TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE TAMPA, FL 33606

DOCUMENT# N9700003941

# **Current Mailing Address:**

TAMPA GENERAL HOSPITAL PO BOX 1289 TAMPA, FL 33601-1289 US

# FEI Number: 59-3458145

# Name and Address of Current Registered Agent:

JUSTICE, NICOLE MSJ ONE DAVIS BLVD - STE. 401 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

# **Officer/Director Detail :**

Office/Direc	LIOI Delali .		
Title	IMMEDIATE PAST CHAIR, DIRECTOR	Title	DIRECTOR
Name	BRABSON, JOHN A JR.	Name	MANGAR, DEVANAND DR.
Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE	Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	SECRETARY, DIRECTOR	Title	DIRECTOR
Name	MARSHALL, GENE E	Name	BERNASEK, THOMAS L DR.
Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE	Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	CHAIRMAN, DIRECTOR	Title	DIRECTOR
Name	TOUCHTON, JOHN T JR.	Name	CASPER, BLAKE J
			,
Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE	Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	TREASURER, DIRECTOR	Title	DIRECTOR
	,		
Name	GRAHAM, DREW	Name	BUKKAPATNAM, RAVIENDER DR.
Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE	Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

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CEO

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: JOHN COURIS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

# **Officer/Director Detail Continued :**

Title	VC, DIRECTOR	Title	DIRECTOR
Name	DINGLE, PHILLIP S	Name	SHANAHAN, KATHLEEN
Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE	Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	CEO, PRESIDENT	Title	DIRECTOR
Name	COURIS, JOHN	Name	JURINSKI, PATRICIA
Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE	Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	DIRECTOR	Title	DIRECTOR
Name	MUMA, LES	Name	PADHYA, TAPAN DR.
Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE	Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
<b></b>			DIDECTOR
Title	DIRECTOR	Title	DIRECTOR
Name	CELESTAN, GREGORY J	Name	GONZMART, RICHARD
Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE	Address	TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606