

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003941

**FILED**  
**Apr 04, 2019**  
**Secretary of State**  
**0096691301CC**

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

**Current Principal Place of Business:**

TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
TAMPA, FL 33606

**Current Mailing Address:**

PO BOX 1289  
ATTN: CONTROLLER  
TAMPA, FL 33601 US

**FEI Number: 59-3458145**

**Certificate of Status Desired: No**

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

JONES, DENISE LHRM  
ONE DAVIS BOULEVARD - 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title IMMEDIATE PAST CHAIR, DIRECTOR  
Name BRABSON, JOHN A JR.  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title TREASURER, DIRECTOR  
Name DOBBINS, FRED  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name MANGAR, DEVANAND DR.  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title SECRETARY, DIRECTOR  
Name MARSHALL, GENE E  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name BERNASEK, THOMAS L DR.  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title CHAIRMAN, DIRECTOR  
Name TOUCHTON, JOHN T JR.  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name CASPER, BLAKE J  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name GRAHAM, DREW  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

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*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**

**CEO AND PRESIDENT**

**04/04/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BUKKAPATNAM, RAVIENDER DR.  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name ROSS, WARREN E DR.  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title CEO, PRESIDENT  
Name COURIS, JOHN  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name MUMA, LES  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name DINGLE, PHILLIP S  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name SHANAHAN, KATHLEEN  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name JURINSKI, PATRICIA  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name PADHYA, TAPAN DR.  
Address TAMPA GENERAL HOSPITAL  
ONE TAMPA GENERAL CIRCLE  
City-State-Zip: TAMPA FL 33606