## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003941

Entity Name: FLORIDA HEALTH SCIENCES CENTER, INC.

FILED
May 01, 2023
Secretary of State
6641910182CC

## **Current Principal Place of Business:**

TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE TAMPA, FL 33606

# **Current Mailing Address:**

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

FEI Number: 59-3458145 Certificate of Status Desired: No

#### 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:

City-State-Zip:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title TREASURER, DIRECTOR

Name TOUCHTON, JOHN T JR. Name CASPER, BLAKE J

Address TAMPA GENERAL HOSPITAL Address TAMPA GENERAL HOSPITAL

ONE TAMPA GENERAL CIRCLE ONE TAMPA GENERAL CIRCLE

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

Title VC, DIRECTOR Title DIRECTOR

Name GRAHAM, DREW Name BUKKAPATNAM, RAVIENDER MD

Address TAMPA GENERAL HOSPITAL Address TAMPA GENERAL HOSPITAL

ONE TAMPA GENERAL CIRCLE ONE TAMPA GENERAL CIRCLE

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

TitleCHAIRMAN, DIRECTORTitleCEO, PRESIDENTNameDINGLE, PHILLIP SNameCOURIS, JOHN

Address TAMPA GENERAL HOSPITAL Address TAMPA GENERAL HOSPITAL

ONE TAMPA GENERAL CIRCLE ONE TAMPA GENERAL CIRCLE

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

 Title
 DIRECTOR
 Title
 SECRETARY, DIRECTOR

 Name
 JURINSKI, PATRICIA
 Name
 CELESTAN, GREGORY J

 Address
 TAMPA GENERAL HOSPITAL
 Address
 TAMPA GENERAL HOSPITAL

ONE TAMPA GENERAL HOSPITAL

TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

## Continues on page 2

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 PRESIDENT & CEO 05/01/2023

Date

## Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

BAILEY, MARYLOU Y ZWIEBEL, BRUCE MD Name Name

Address TAMPA GENERAL HOSPITAL Address TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE ONE TAMPA GENERAL CIRCLE

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

DIRECTOR Title Title **DIRECTOR** 

Name NEIL, T COREY Name BERNASEK, THOMAS L MD

Address TAMPA GENERAL HOSPITAL Address TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE

ONE TAMPA GENERAL CIRCLE

TAMPA FL 33606 TAMPA FL 33606 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

BRUCE, KIMBERLY A BURDICK, KENNETH A Name Name

Address TAMPA GENERAL HOSPITAL Address TAMPA GENERAL HOSPITAL ONE TAMPA GENERAL CIRCLE

ONE TAMPA GENERAL CIRCLE

TAMPA FL 33606 TAMPA FL 33606 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

HORTON, OSCAR J Name Name SHAMES, MURRAY L MD

TAMPA GENERAL HOSPITAL TAMPA GENERAL HOSPITAL Address Address

ONE TAMPA GENERAL CIRCLE ONE TAMPA GENERAL CIRCLE

TAMPA FL 33606 TAMPA FL 33606 City-State-Zip: City-State-Zip: