

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003941

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:**TAMPA GENERAL HOSPITAL
PO BOX 1289
TAMPA, FL 33601-1289 US**FEI Number: 59-3458145****Certificate of Status Desired:** Yes**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

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name BUKKAPATNAM, RAVIENDER MD
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 CEO, PRESIDENT
Name COURIS, JOHN
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 SECRETARY, DIRECTOR
Name CELESTAN, GREGORY J
Address TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name BAILEY, MARYLOU Y
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**PRESIDENT CEO****01/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ZWIEBEL, BRUCE MD
Address TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name BRUCE, KIMBERLY A
Address TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606

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

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

Title DIRECTOR
Name NEIL, T COREY
Address TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name BURDICK, KENNETH A
Address TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name SHAMES, MURRAY L MD
Address TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name RINDE-HOFFMAN, DEBBIE A. MD
Address TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606