

2013 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:**PO BOX 1289
ATTN: DIRECTOR OF CORPORATE ACCOUNTING
TAMPA, FL 33601**FEI Number: 59-3458145****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEABERLIN, CARL R.N.
TAMPA GENERAL HOSPITAL
2 COLUMBIA DRIVE, DAVIS ISLANDS
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 D
Name CANCIO, MARGARITA M.D.
Address TAMPA GENERAL HOSPITAL RM A134
City-State-Zip: TAMPA FL 33606

Title D
Name DINGLE, PHILLIP S
Address TAMPA GENERAL HOSPITAL RM A134
City-State-Zip: TAMPA FL 33606

Title D
Name TAGGART, JOSEPH W
Address TAMPA GENERAL HOSPITAL, RM A134
City-State-Zip: TAMPA FL 33606

Title P
Name HYTOFF, RONALD A
Address TAMPA GEN. HOSPITAL 2 COLUMBIA DR.
City-State-Zip: TAMPA FL 33606

Title DC
Name WARREN, JAMES WIII
Address TAMPA GENERAL HOSPITAL RM A134
City-State-Zip: TAMPA FL 33606

Title DVC
Name STRAZ, DAVID AJR
Address TAMPA GENERAL HOSPITAL RIM A134
City-State-Zip: TAMPA FL 33606

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: RONALD A HYTOFF**P****01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date