

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90019 017 ****70.00

DOCUMENT # N97000003941

1. Corporation Name

FLORIDA HEALTH SCIENCES CENTER, INC.

Principal Place of Business

Mailing Address

**TAMPA GENERAL HOSPITAL
ROOM G141, DAVIS ISLAND
TAMPA FL 33606**

**TAMPA GENERAL HOSPITAL
ROOM G141, DAVIS ISLAND
TAMPA FL 33606**



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21 Suite, Apt. #, etc.

26 PO Box 1289

07/09/1997

22 City & State

27 Suite, Apt. #, etc.

4. FEI Number

Applied For
Not Applicable

59-3458145

23 Zip

Country

28 City & State

Tampa, FL

5. Certificate of Status Desired

☒

**\$8.75-Additional
Fee Required**

24

25

29

33601

30

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADLEE, PAULA RN
TAMPA GENERAL HEALTHCARE
DAVIS ISLAND
TAMPA FL 33606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D STRAZ, DAVID A JR**
STREET ADDRESS **TAMPA GENERAL HOSPITAL RM G141 A138**
CITY-ST-ZIP **TAMPOA FL 33606**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
SEE ATTACHED FOR ADDITIONS

TITLE ☐ DELETE
NAME **D SILBINGER, MARTIN L MD**
STREET ADDRESS **TAMPA GENERAL HOSPITAL, ROOM G141**
CITY-ST-ZIP **TAMPA FL 33606**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SIEGEL, MD**
STREET ADDRESS **TAMPA GENERAL HOSPITAL, ROOM G141 A138**
CITY-ST-ZIP **TAMPA FL 33606**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D Siegel, Bruce, MD**
3.3 STREET ADDRESS **Tampa General Hospital, Room G141**
3.4 CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ DELETE
NAME **D ROSS, JEREMY P ESQ**
STREET ADDRESS **TAMPA GENERAL HOSPITAL, ROOM G141 A138**
CITY-ST-ZIP **TAMPA FL 33606**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D MITCHELL, TONI A MD**
STREET ADDRESS **TAMPA GENERAL HOSPITAL, ROOM G141**
CITY-ST-ZIP **TAMPA FL 33606**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MOODY, LIZABETH ANN**
STREET ADDRESS **TAMPA GENERAL HOSPITAL, ROOM G141 A138**
CITY-ST-ZIP **TAMPA FL 33606**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce Siegel, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/CEO

5/21/99

813-251-7383

Date

Daytime Phone #

CR2E037 (11/98)

0065908

57371D-90019-17
Doc# N194000003941

D
Cancio, Margarita, MD
Tampa General Hospital, Room G141
Tampa, FL 33606

D
Culbreath, H.L.
Tampa General Hospital, Room G141
Tampa, FL 33606

D
Wolfson, Jay, PhD
Tampa General Hospital, Room G141
Tampa, FL 33606

D
Cockburn, Alden, M.D.
Tampa General Hospital, Room G141
Tampa, FL 33606

D
Jimenez, James
Tampa General Hospital, Room G141
Tampa, FL 33606

D
Campbell, Virginia
Tampa General Hospital, Room G141
Tampa, FL 33606

D
Harrell, Stan C.S.
Tampa General Hospital, Room G141
Tampa, FL 33606

D
Mullis, Hal, Jr.
Tampa General Hospital, Room G141
Tampa, FL 33606

D
Otero, Raul, MD
Tampa General Hospital, Room G141
Tampa, FL 33606