

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003941

1. Entity Name

FLORIDA HEALTH SCIENCES CENTER, INC.

FILED

May 09, 2002 8:00 am
Secretary of State

05-09-2002 90068 034 ****70.00

Principal Place of Business

TAMPA GENERAL HOSPITAL
ROOM G141, DAVIS ISLAND
TAMPA FL 33606

Mailing Address

PO BOX 1289
TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3458145

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEHNDER, KAREN R.N.
TAMPA GENERAL HOSPITAL
2 COLUMBIA DRIVE, DAVIS ISLANDS
TAMPA FL 33606

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

3/26/02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D STRAZ, DAVID A JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	TAMPA GENERAL HOSPITAL RM A138	
CITY-ST-ZIP	TAMPOA FL 33606	
TITLE NAME	P HYTOFF, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	TAMPA GENERAL HOSPITAL 2 Columbia Drive	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D BARTELS, LOREN J MD	<input type="checkbox"/> Delete
STREET ADDRESS	TAMPA GENERAL HOSPITAL RM A138 A134	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D /C ROSS, JEREMY P ESQ	<input type="checkbox"/> Delete
STREET ADDRESS	TAMPA GENERAL HOSPITAL RM A138 A134	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D /VC MULLIS, HAL JR Esq	<input type="checkbox"/> Delete
STREET ADDRESS	TAMPA GENERAL HOSPITAL RM G141 A134	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D /S MOODY, LIZABETH ANN ESQ	<input type="checkbox"/> Delete
STREET ADDRESS	TAMPA GENERAL HOSPITAL RM A138 A134	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE NAME	D Berger-Mackinnon, Dottie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Tampa General Hospital RM A134	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE NAME	D Cockburn, Alden MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Tampa General Hospital RM A 134	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE NAME	D Corbett, Richard A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Tampa General Hospital RM A134	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE NAME	D Culbreath, H.L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Tampa General Hospital, RM A134	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE NAME	D Daugherty, Robert M. MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Tampa General Hospital RM A134	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CONTINUED ON 2nd PAGE	
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald A. Hytoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald A. Hytoff, Pres/CEO

Date

813/844-7662

Daytime Phone #

CR2E037 (9/01)

Attachment

N97000003941
788267

OFFICERS AND DIRECTORS CONTINUED

D

Edwards, Bob Esq
Tampa General Hospital, RM A134
Tampa, FL 33606

D/T

Jimenez, James A.
Tampa General Hospital, RM A134
Tampa, FL 33606

D

Lane, Curtis
Tampa General Hospital, RM A134
Tampa, FL 33606

D

Miller, Cynthia
Tampa General Hospital, RM A134
Tampa, FL 33606

D

Otero, Raul R. MD
Tampa General Hospital, RM A134
Tampa, FL 33606

D

Warren, James W.
Tampa General Hospital, RM A134
Tampa, FL 33606