


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90002 033 ****70.00

DOCUMENT # N97000003941 1. Entity Name FLORIDA HEALTH SCIENCES CENTER, INC.	
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Principal Place of Business TAMPA GENERAL HOSPITAL 2 COLUMBIA DR., DAVIS ISLANDS TAMPA, FL 33606	Mailing Address PO BOX 1289 TAMPA, FL 33601
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50060668



08042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 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 <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HEABERLIN, CARL R.N. TAMPA GENERAL HOSPITAL 2 COLUMBIA DRIVE, DAVIS ISLANDS TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER-MACKINNON, DOTTIE TAMPA GENERAL HOSPITAL RM A134 TAMPOA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYTOFF, RONALD A TAMPA GEN. HOSPITAL 2 COLUMBIA DR. TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CHARLES E MD 2 COLUMBIA DR., DAVIS ISLANDS TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT James A. Jimenez, CPA 1302 W. Sligh Avenue, Tampa, FL 33603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROSS, JEREMY P ESQ TAMPA GENERAL HOSP. RM A134 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC MULLIS, HAL JR ESQ TAMPA GENERAL HOSPITAL, RM A134 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OTERO, RAUL R MD HARBORSIDE MEDICAL TOWERS, STE 110 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve L. Short

Date

(813) 844-4733

Daytime Phone #

ATTACHMENT
#N97000003941
50060.668

FLORIDA HEALTH SCIENCES CENTER, INC.
ADDENDUM TO 2005 ANNUAL REPORT

11. Additional Officers and Directors

Director
Stephen Brantley, M.D.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Margarita Cancio, M.D.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Leroy Collins, Jr.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Richard A. Corbett
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Stephen Klasko, M.D.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Lansing Scriven, Esq.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

ATTACHMENT
F95000002507
50060668

FLORIDA HEALTH SCIENCES CENTER, INC.
ADDENDUM TO 2005 ANNUAL REPORT

Director
Mark Nouss
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
Don Wallace
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Director
James Warren
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Executive Vice President
Steve Short
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Executive Vice President
Deanna Nelson, R.N.
Tampa General Hospital
2 Columbia Drive
Tampa, FL 33606

Buchanan Ingersoll
ATTORNEYS

Linda L. Fleming
813-222-8199
flamingl1@bipc.com

ATTACHMENT
#F9500002507

SunTrust Financial Centre
401 E. Jackson Street, Suite 2500
Tampa, FL 33602-5236

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F 813 222 8189

www.buchananingersoll.com

August 4, 2005

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Registration Section
409 East Gaines Street
Tallahassee, FL 32399

Re: Florida Health Sciences Center, Inc.

Dear Sir or Madam:

We have enclosed for filing Florida Health Sciences Center's 2005 Not-For-Profit Annual Report as well as a check from this law firm in the amount of \$70.00 for the filing fee and active status certificate requested.

Thank you for your assistance in this matter. If you have any questions or need further information, please call me at (813) 222-8199.

Sincerely,



Linda L. Fleming

Enclosures

cc: Mr. Steve Short (w/o enclosures)
James J. Kennedy, III, Esq. (w/o enclosures)