

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 27 AM 8:50

DOCUMENT # N97000003941

1. Entity Name  
FLORIDA HEALTH SCIENCES CENTER, INC.



Principal Place of Business  
TAMPA GENERAL HOSPITAL  
ROOM 6141, DAVIS ISLAND  
TAMPA, FL 33606

Mailing Address  
PO BOX 1289  
TAMPA, FL 33601



2. Principal Place of Business  
Tampa General Hospital

3. Mailing Address

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2 Columbia Dr., Davis Islands

City & State

City & State

Tampa, FL

4. FEI Number  
59-3458145

Applied For  
Not Applicable

Zip  
33606

Country  
U.S.A.

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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  
Carl Heaberlin

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

2 Columbia Dr., Davis Islands

City  
Tampa

FL Zip Code  
33606

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

*Carl Heaberlin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-23-03

CARL HEABERLIN, REGISTERED AGENT

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
D  
BERGER-MACKINNON, DOTTIE  
STREET ADDRESS  
TAMPA GENERAL HOSPITAL RM A134  
CITY-ST-ZIP  
TAMPOA, FL 33606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
P  
HYTOFF, RONALD  
STREET ADDRESS  
TAMPA GEN. HOSPITAL 2 COLOMBIA DR.  
CITY-ST-ZIP  
TAMPA, FL 33606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400019873344

TITLE  
NAME  
D  
BARTELS, LOREN J MD  
STREET ADDRESS  
TAMPA GENERAL HOSPITAL RM A 134  
CITY-ST-ZIP  
TAMPA, FL 33606 ☒ Delete

TITLE  
NAME  
D  
Charles E. Wright, M.D.  
STREET ADDRESS  
2 Columbia Dr., Davis Islands  
CITY-ST-ZIP  
Tampa, FL 33606 ☐ Change ☒ Addition

TITLE  
NAME  
DC  
ROSS, JEREMY P ESQ  
STREET ADDRESS  
TAMPA GENERAL HOSP. RM A134  
CITY-ST-ZIP  
TAMPA, FL 33606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
DVC  
MULLIS, HAL JR ESQ  
STREET ADDRESS  
TAMPA GENERAL HOSPITAL, RM A134  
CITY-ST-ZIP  
TAMPA, FL 33606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
DS  
MOODY, LIZABETH A ESQ.  
STREET ADDRESS  
TAMPA GENERAL HOSP. RM A134  
CITY-ST-ZIP  
TAMPA, FL 33606 ☒ Delete

TITLE  
NAME  
DS  
Raul R. Otero, M.D.  
STREET ADDRESS  
Harborside Medical Towers, Ste. 110  
CITY-ST-ZIP  
Tampa, FL 33606 ☐ Change ☒ 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:

*Ron Hytoff*

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

MAY 23, 2003

Date

813-844-7662

Daytime Phone #

RON HYTOFF, PRESIDENT AND CEO

CR2E037 (10/02)

2/2



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 106849 7132640

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 70.00

ORDER DATE : May 27, 2003

ORDER TIME : 10:33 AM

ORDER NO. : 106849-005

CUSTOMER NO: 7132640

CUSTOMER: Ms. Linda L. Fleming  
Buchanan Ingersoll, P.c.  
Suntrust Financial Center  
401 E. Jackson Street, #2500  
Tampa, FL 33602

ANNUAL REPORT FILING

NAME: FLORIDA HEALTH SCIENCES CENTER  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
03 MAY 27 AM 11:40  
DIVISION OF CORPORATION