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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768601 (7)

1. Corporation Name  
ST. JOSEPH ANCILLARY SERVICES, INC.



Principal Place of Business: 3003 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607 US  
Mailing Address: 3003 W. DR. MARTIN LUTHER KING JR. BLVD LEGAL SERVICES DEPT TAMPA FL 33607 US

3. Date Incorporated or Qualified: 05/19/1983  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2795925	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent  
BIEBEL, JOHN  
3003 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33607

10. Name and Address of New Registered Agent  
81 Name: Mallah, Isaac  
82 Street Address (P.O. Box Number is Not Acceptable): 3003 W. Dr. M.L.K., Jr., Blvd.  
83  
84 City: Tampa, FL 85 Zip Code: 33607

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

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	PITISCI, GILBERT	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33069	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BIEBEL, JOHN	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	MALLAH, ISACC	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CHAWK, GARY	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SCOTT, CHARLES	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SHUMAKER, REVONDA L	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD MALLAH, ISAAC
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Isaac Mallah*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000-0000

CR2E037 (9/96)