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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/19/1983	4. FEI Number 59-2795925	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26 Attn: Isaac Mallah
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 3003 W. Dr. M.L.K., Jr. Blvd.
City & State 23	City & State 28 Tampa, FL
Zip 24	Country 29 33607
Country 25	Country 30 US

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MALLAH, ISAAC
 3003 W. DR. MARTIN LUTHER KING JR. BLVD.
 TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	NAME PITISCI, GILBERT	1.1 TITLE S/D	1.2 NAME Aubin, Mike
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.	CITY-ST-ZIP TAMPA FL 33607	1.3 STREET ADDRESS 3003 W. Dr. M.L.K., Jr. Blvd.	1.4 CITY-ST-ZIP Tampa, FL 33607
TITLE PD	NAME MALLAH, ISAAC	2.1 TITLE	2.2 NAME
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.	CITY-ST-ZIP TAMPA FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE DT	NAME CHAWK, GARY	3.1 TITLE EVP/D	3.2 NAME Yelvington, Fleury
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.	CITY-ST-ZIP TAMPA FL 33607	3.3 STREET ADDRESS 3003 W. Dr. M.L.K., Jr. Blvd.	3.4 CITY-ST-ZIP Tampa, FL 33607
TITLE EVP	NAME SCOTT, CHARLES	4.1 TITLE D	4.2 NAME Amev, Brent, M.D.
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.	CITY-ST-ZIP TAMPA FL 33607	4.3 STREET ADDRESS 3003 W. Dr. M.L.K., Jr. Blvd.	4.4 CITY-ST-ZIP Tampa, FL 33607
TITLE EVP	NAME SHUMAKER, REVONDA L	5.1 TITLE D	5.2 NAME Wold, Heidi
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.	CITY-ST-ZIP TAMPA FL 33607	5.3 STREET ADDRESS 3003 W. Dr. M.L.K., Jr. Blvd.	5.4 CITY-ST-ZIP Tampa, FL 33607
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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

SIGNATURE: *Isaac Mallah*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)