

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90912 029 ****61.25

0092673

DOCUMENT # 768601

1. Entity Name

ST. JOSEPH'S ANCILLARY SERVICES, INC.

Principal Place of Business

Mailing Address

**3003 W. DR. MARTIN LUTHER KING JR. BLVD.
 TAMPA FL 33607
 US**

**3003 W DR MLK JR BLVD
 LEGAL SERVICES DEPT
 TAMPA FL 33607
 US**

2. Principal Place of Business

**3001 W. Dr. Martin Luther
 King Jr. Blvd.**

3. Mailing Address

**3001 W. Dr. Martin Luther
 King Jr. Blvd.
 Attn: Isaac Mallah**

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-2795925**

Applied For
 Not Applicable

Zip
33607

Country
USA

Zip
33607

Country
USA

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

**MALLAH, ISAAC
 3001 W. DR. MARTIN LUTHER KING JR. BLVD.
 TAMPA FL 33607**

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

**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 STREET ADDRESS CITY-ST-ZIP	SD AUBIN, MIKE 3003 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLAH, ISAAC 3003 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD YELVINGTON, F 3003 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMEY, B 3003 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, DIANE 3003 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALLACE, GEORGE 3001 W DR MLK JR BLVD TAMPA FL 33607	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 W. Dr. Martin Luther King, Jr. Blvd. Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 W. Dr. Martin Luther King Jr. Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amey, Brent 3001 W. Dr. Martin Luther King Jr. Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 W. Dr. Martin Luther King Jr. Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Isaac Mallah, Isaac Mallah **APR 27 2001**

CR2E037 (10/00)