



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90225 002 ****61.25

DOCUMENT # 768601					
1. Entity Name ST. JOSEPH'S ANCILLARY SERVICES, INC.					
Principal Place of Business 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607 US			Mailing Address 3001 W DR MARTIN LUTHER KING JR BLVD ATTN: ISAAC MALLAH TAMPA, FL 33607 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBIN, MIKE		NAME		
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLAH, ISAAC		NAME		
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	EVPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YELVINGTON, F		NAME		
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAALER, M		NAME		
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, DIANE		NAME		
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, GEORGE		NAME	YODER, CATHY	
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD		STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	TAMPA, FL 33607	
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: 			4/29/04 (813) 870-4000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Isaac Mallah			Date Daytime Phone #		

94074249



04282004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2795925 Applied For
Not Applicable

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YODER, CATHY	
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isaac Mallah

4/29/04

Date

(813) 870-4000

Daytime Phone #