


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90391 033 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 768601</b>			
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 MALLAH, ISAAC 3001 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	SD AUBIN, MIKE <input type="checkbox"/> Delete 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD Lutton, Lorraine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLAH, ISAAC <input type="checkbox"/> Delete 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD YELVINGTON, F <input checked="" type="checkbox"/> Delete 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAALER, M <input type="checkbox"/> Delete 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, DIANE <input type="checkbox"/> Delete 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YODER, CATHY <input type="checkbox"/> Delete 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	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 listed empowered.			
SIGNATURE: <u>Isaac Mallah</u>		4-26-05 (813) 870-4020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Isaac Mallah		Date Daytime Phone #	

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04112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2795925 Applied For Not Applicable

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