


FILED
Apr 28, 2006 08:00 AM
Secretary of State

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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		Zip	
Country		Country	
		04212006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2795925	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 SO	AUBIN, MIKE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD	TAMPA, FL 33607	STREET ADDRESS	UN00007540475 05/10/06-80017-019 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE PD	MALLAH, ISAAC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD	TAMPA, FL 33607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE EVPD	LUTTEN, LORRAINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD	TAMPA, FL 33607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	VAALER, M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD	TAMPA, FL 33607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	YATES, DIANE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD	TAMPA, FL 33607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	YODER, CATHY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD	TAMPA, FL 33607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Isaac Mallah</i>		Date: 4-25-06 (813) 870-4020	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	