


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 10 PH 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03212007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2795925	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103024352 05/22/07--01035--007 **2207.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD LUTTEN, LORRAINE 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	<input type="checkbox"/> Delete	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 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	<input type="checkbox"/> Delete	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 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, PAT 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YODER, CATHY 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	<input type="checkbox"/> Delete	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 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: <i>4/6/07</i>		Daytime Phone #: <i>(813) 870-4000</i>