
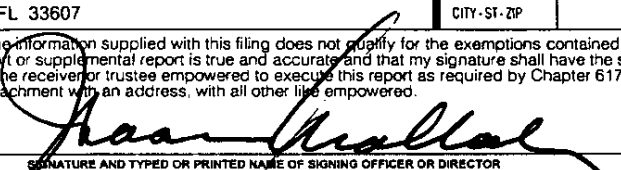


FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90019 045 ****61.25

2008 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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTTEN, LORRAINE			NAME	LUTTEN, LORRAINE
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	VALLER, 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	DONNELLY, PAT			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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YODER, CATHY			NAME	
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607			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 lists empowered.					
SIGNATURE: 				Date: 4/23/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (813) 870-4020	

40102000



04152008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2795925 Applied For Not Applicable