

FILE NOW: FILING FEE IS \$61.25

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**Apr 24 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002585 (7)
1. Corporation Name
ST. JOSEPH'S SPECIALTY SERVICES, INC.



Principal Place of Business 3003 WEST DR. MARTIN LUTHER KING, JR BLVD. TAMPA FL 33607	Mailing Address ATTN: LEGAL SERVICES DEPT 3003 WEST DR. MARTIN LUTHER KING, JR. BLVD TAMPA FL 33607
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3. Date Incorporated or Qualified 05/23/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3244269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**BIEBEL, JOHN
3003 WEST DR. MARTIN LUTHER KING JR BLVD.
TAMPA FL 33607**

10. Name and Address of New Registered Agent
81 Name
Mallah, Isaac
82 Street Address (P.O. Box Number is Not Acceptable)
3003 W. Dr. M.L.K., Jr., Blvd.
83
84 City
Tampa, FL 85 Zip Code
33607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Isaac Mallah* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BIEBEL, JOHN	
STREET ADDRESS	3003 WEST DR. MARTIN LUTHER KING, JR BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	MALLAH, ISAAC	
STREET ADDRESS	3003 WEST DR. MARTIN LUTHER KING, JR BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SCOTT, CHARLES	
STREET ADDRESS	3003 WEST DR. MARTIN LUTHER KING, JR BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CHAWK, GARY	
STREET ADDRESS	3003 WEST DR. MARTIN LUTHER KING, JR BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PITISCI, GILBERT MD	
STREET ADDRESS	3003 WEST DR. MARTIN LUTHER KING, JR BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SHUMAKER, REVONDA L	
STREET ADDRESS	1200 7TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD MALLAH, ISAAC
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Isaac Mallah*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070164

CR2E037 (9/96)