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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
4. FEI Number 59-3244269
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Attn: Isaac Mallah
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
30. Country	

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MALLAH, JOHN 3003 WEST DR. MARTIN LUTHER KING JR BLVD. TAMPA FL 33607	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLAH, ISAAC	1.2 NAME	
STREET ADDRESS	3003 WEST DR. MARTIN LUTHER KING, JR BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, CHARLES	2.2 NAME	Inzina, Tommy
STREET ADDRESS	3003 WEST DR. MARTIN LUTHER KING, JR BLVD.	2.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAWK, GARY	3.2 NAME	Amey, Brent, M.D.
STREET ADDRESS	3003 WEST DR. MARTIN LUTHER KING, JR BLVD.	3.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITISCI, GILBERT MD	4.2 NAME	Yelvington, Fleury
STREET ADDRESS	3003 WEST DR. MARTIN LUTHER KING, JR BLVD.	4.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.
CITY-ST-ZIP	TAMPA FL 33607	4.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	EVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUMAKER, REVONDA L	5.2 NAME	Hill, Corina
STREET ADDRESS	1200 7TH AVENUE NORTH	5.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.
CITY-ST-ZIP	ST PETERSBURG FL 33705	5.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Aubin, Mike
STREET ADDRESS		6.3 STREET ADDRESS	3003 W. M.L.K., Jr. Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa, FL 33607

14. 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 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 **4/24/98** **870-4305**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062318

CR2E037 (10/97)