

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-14-2008 90019 049 \*\*\*\*61.25

|                                                                   |  |
|-------------------------------------------------------------------|--|
| <b>DOCUMENT # 709298</b>                                          |  |
| 1. Entity Name<br>ST. JOSEPH'S HOSPITAL OF TAMPA FOUNDATION, INC. |  |



|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>3003 W. DR. M.L.K. JR. BLVD.<br>TAMPA, FL 33607 US | Mailing Address<br>3003 W. DR. M.L.K. JR. BLVD.<br>TAMPA, FL 33607 US |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

40102202



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 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 |

04152008 Chg-NP CR2E037 (12/06)

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-1100828 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>MALLAH, ISAAC<br>3003 W. DR. M.L.K. JR. BLVD.<br>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 \_\_\_\_\_ (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. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>SHIMBERG, ELAINE<br>611 WEST BAY STREET<br>TAMPA, FL 33606 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RUDOLPH, FRANCI<br>3001 W DR. M.L.K., JR. BLVD<br>TAMPA, FL 33607 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MALLAH, ISAAC<br>3001 W. DR. MLK JR. BLVD.<br>TAMPA, FL 33607 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BARRETT, JOHN M<br>3001 W. DR. MLK JR. BLVD.<br>TAMPA, FL 33607 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ADCOCK, JOHNNY<br>3001 W. DR. M.L.K. JR. BLVD.<br>TAMPA, FL 33607 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KOTCH, DEBORAH<br>3001 W. DR. M.L.K. JR. BLVD.<br>TAMPA, FL 33607 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Isaac Mallah  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 (813) 870-4020  
Date Daytime Phone #

# ATTACHMENT

#709298

40102202

## ST. JOSEPH'S HOSPITAL OF TAMPA FOUNDATION, INC. 2008 UNIFORM BUSINESS REPORT ADDITIONAL DIRECTORS

(D)

Rand W. Altemose, M.D.  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Harold Astorquiza  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Deanna Bayless  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Lyle Blanden  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Steve Buckley  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Sr. Catherine Cahill, O.S.F.  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Geneva Damron, Ph.D.  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Gail Golman Holtzman  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Donna Jordan  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Stanley Levy  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Nora Musselman  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Dennis Pupello, M.D.  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Susie Rice  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Nancy Schneid  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Michael Shimberg  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(Emeritus)

Trevor Smith  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Joel Stevens, II  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

James B. Strenski  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

ATTACHMENT 40102202  
# 709298

ST. JOSEPH'S HOSPITAL OF TAMPA FOUNDATION, INC.  
2008 UNIFORM BUSINESS REPORT  
ADDITIONAL DIRECTORS  
(Continued)

(Past Chairman-D)  
William O. West  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(Emeritus)  
Jean M. Yadley  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)  
Robert W. Yelverton, M.D.  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607