FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 768601 (7)								
ST. JOSEPH ANCILLARY SERVICES, INC.					4 14 4 11 4 5 6 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	1161 B1611 B1611 618		
Principal Place			I 1981)/ IBBIR BIYOF KANG BINI BOYAP	ULU BURU BURU BUR	K WIWII W	ON ENERT HOUSE		
3003 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607 US 3003 W. DR. MARTIN LUTH LEGAL SERVICES DEPT TAMPA FL 33607			THER KING JR. BLVD					
03		US			 Date Incorporated or Qualified 05/19/1983 	3a. Date of Last Report 05/01/1996		
Principal Place of Business Total		2a. Mailing Address		•	4. FEI Number 59-2795925	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	ificate of Status Desired \$8.75 Additional		
22		27 Ott. \$ State	7 City & State				Fee Re	
City & State		28		['	6. Election Campaign Financing Trust Fund Contribution		5.00 Added to	May Be
Zip	Country	Zip	Country		8. This corporation has liability for			
24	25	29	30		Florida Statutes	Yes 🛛 No	>	
	9. Name and Address of Current	Registered Agent	81 Name		0. Name and Address of New Re	gletered Agen	<u>t</u>	
				lah,	Tsaac			
BIEBEL, JOHN				at Address	(P.O. Box Number is Not Acceptate			
3003 W.	300	03 W.	<u>Dr. M.L.K., Jr., B</u>	lvd				
TAMPA 1	83							
B4						E1 85	Zip (Code
11 Purcuant t	to the arrayisides of Sections 617 0502	and \$17 1508 Florida Statu	Ites the shove-name	moa .	tion submits this statement for the r	TIME	1336	s registered
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 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, and accept the obligations of, Section 617.0503 Florida statutes.								registered
ageni. Fai	III fairniar wall and accept the obligat	(e a C C a	iorida statutes.					
I SIGNATURE	Signature, typed or printed name of registered agent		TE: Registered Agent signatu			DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DS	☐ DELETE	1.1 TITLE			L) (Change	☐ Addition
NAME	PITISCI, GILBERT		1.2 NAME					
STREET ADDRESS	3003 W. DR. MARTIN LUTHER	KING JR. BLVD.	1.3 STREET ADDRESS	S				
Crty-St-ZIP Title	TAMPA FL 33069 PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAME	BIEBEL, JOHN	LAS DILLIL	2.2 NAME			٠ پ		
STREET ADDRESS	3003 W. DR. MARTIN LUTHER	KING JR. BLVD.	2.3 STREET ADORESS	s				\
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP					[
TITLE	DEVP	☐ DELETE	3.1 TITLE	PD		্বে	Change	Addition
NAME	MALLAH, ISACC		3.2 NAME	MALL	AH, ISAAC			
STREET ADDRESS	3003 W. DR. MARTIN LUTHER	KING JR. BLVD.	3.3 STREET ADDRESS	S				
CITY - ST - ZIP	TAMPA FL 33607		3.4. CITY-ST-ZIP				<u></u>	1
TITLE	DT	☐ DELETE	4.1 TITLE			الا	Change	Addition
NAME	CHAWK, GARY	WIND IN THE	4. 2 NAME					İ
STREET ADDRESS	3003 W. DR. MARTIN LUTHER	KING JK. BLVD.	4.3 STREET ADDRESS	S				
CITY-ST-ZIP TITLE	TAMPA FL 33607	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE				Change	Addition
NAME	EVP SCOTT, CHARLES		5.2 NAME			<u>.</u>		
STREET ADDRESS	3003 W. DR. MARTIN LUTHER	KING JR BLVD	5.3 STREET ADDRESS	s				
CITY-ST-ZIP	TAMPA FL 33607	INITIO DIS OLTO:	5.4 CITY - ST - ZIP	<u> </u>				
THLE	EVP	DELETE	6.1 TITLE	- 			Change	Addition
NAME	SHUMAKER, REVONDA L		6.2 NAME				-	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER	KING JR. BLVD.	6.3 STREET ADDRESS	s				
CITY-ST-ZIP	TAMPA FL 33807	· ····································	6.4 CITY-ST-ZIP					1

14. Ido 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 appual 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 opporation 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 inchanged, or on an attachment with an address.

SIGNATURE:

HE AND TYPED OR BRINTED NAME OF STANDARD O

ate

On time Phone &

FILED

Apr 24 1997 8:00am

Secretary of State