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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90019 044 \*\*\*\*61.25

**DOCUMENT # 768601**

1. Corporation Name

**ST. JOSEPH'S ANCILLARY SERVICES, INC.**

Principal Place of Business

3003 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33607  
US

Mailing Address

3003 W DR MLK JR BLVD  
LEGAL SERVICES DEPT  
TAMPA FL 33607  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/19/1983

4. FEI Number

59-2795925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

MALLAH, ISAAC  
3001 W. 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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE  
NAME AUBIN, MIKE  
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33069

TITLE PD ☐ DELETE  
NAME MALLAH, ISAAC  
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL

TITLE EVPD ☐ DELETE  
NAME YELVINGTON, F  
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE  
NAME AMEY, B  
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE  
NAME WOLD, H  
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME T/D  
6.3 STREET ADDRESS Polo, Janice  
6.4 CITY-ST-ZIP 3003 W. Dr. M.L.K., Jr. Blvd.  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 28 1999

(813) 890-4203  
Daytime Phone #

CR2E037 (1/98)