

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90088 001 ****61.25

DOCUMENT # 768601

1. Entity Name

ST. JOSEPH'S ANCILLARY SERVICES, INC.

Principal Place of Business

Mailing Address

**3001 W DR MARTIN LUTHER KING JR BLVD
TAMPA FL 33607
US****3001 W DR MARTIN LUTHER KING JR BLVD
ATTN: ISAAC MALLAH
TAMPA FL 33607
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2795925

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALLAH, ISAAC
3001 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	AUBIN, MIKE	
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	MALLAH, ISAAC	
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EVPD	<input type="checkbox"/> Delete
NAME	YELVINGTON, F	
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMEY, B	
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vaaler, M.	
STREET ADDRESS	3001 W. Dr. Martin Luther King Jr. Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	

TITLE	D	<input type="checkbox"/> Delete
NAME	YATES, DIANE	
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	WALLACE, GEORGE	
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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**APR 26 2002**

Date

Daytime Phone #

CR2E037 (9/01)