2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768601

FILED Apr 28, 2009 Secretary of State

Entity Name: ST. JOSEPH'S ANCILLARY SERVICES, INC.

2004 144 125	rincipal Place of Business:	New Principal Place	of Business:
TAMPA, FL	R MARTIN LUTHER KING JR BLVD _ 33607 US		
Current M	ailing Address:	New Mailing Addres	s:
	R MARTIN LUTHER KING JR BLVD AC MALLAH _ 33607 US		
El Number:	59-2795925 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	: Name and Address o	of New Registered Agent:
MALLAH, I 3001 W. D TAMPA, FL	R. MARTIN LUTHER KING JR. BLVD.		
	named entity submits this statement for the of Florida.	he purpose of changing its registere	d office or registered agent, or both,
SIGNATUF			
	Electronic Signature of Registered		Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
Γitle: Name: Address: City-St-Zip:	SD () Delete AUBIN, MIKE 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	Title: Name: Address:	() Change () Addition
		City-St-Zip:	
Fitle: Name: Address: City-St-Zip:	PD () Delete MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition
√ame: √ddress:	PD () Delete MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD	Title: Name: Address:	() Change () Addition () Change () Addition
Name: Address: Dity-St-Zip: Fitle: Name: Address:	PD () Delete MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607 EVPD () Delete LUTTON, LORRAINE 3001 W DR MARTIN LUTHER KING JR BLVD	Title: Name: Address: City-St-Zip: Title: Name: Address:	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	PD () Delete MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607 EVPD () Delete LUTTON, LORRAINE 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607 D () Delete VAALER, M 3001 W DR MARTIN LUTHER KING JR BLVD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE D. LAMB, GENERAL COUNSEL GC 04/28/2009