2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 06, 2005 08:00 AM Secretary of State

DOCUMENT # A2454 1. Entity Name ST. JOSEPH'S SAME-DAY S				V
Principal Place of Business 3003 W. DR. MARTIN L. KING IR. BLVD. TAMPA, FL 33607	Mailing Address ST. JOSEPH SAME DAY 3003 W DR MARTIN L TAMPA, FL 33607		A PERSONAN TAHU MANAMUSAN SANA BARANA	III AANK BEKKA KIDIK ACAN BIDIK AASKIKK AS SOTA
2. Principal Place of Business	3. Mailing Address			
Suite, Apr. #, etc.		· · · · · · · · · · · · · · · · · · ·	04072005 Chg-LP	CR2E003 (10/03)
City & State	City & State	City & State		Applied For Not Applicable
Zip Country	Ziρ	Country	59-2820953 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 3003 W DR MARTIN L KING JR BLVD TAMPA, FL 33607		Name Street Addre	ss (P.O. Box Number is Not Acceptab	le)
		City		FL Zip Code
The above named entity submits this st the obligations of registered agent	atement for the ourpose of changing its	s registered office or regi	stered agent, or both, in the State of F	forida. I am familiar with, and accept
SIGNATURE Signature, speed of printed name of re-				DATE
Capital Contributions as Shown on record \$160,000.0	10. Amount of Capit in FLORIDA to c			
A GENERAL PA NOTE: General Par	RTNER THAT IS A BUSINESS EN tners MAY NOT be changed on t	NTITY MUST BE REC	ISTERED AND ACTIVE WITH THE	HIS OFFICE. Deneral partner.
12. GENERAL	L PARTNER INFORMATION	13,		ANGES ONLY
n -	ST. JOSEPH'S PHYSICIANS HEALTHCENTER ORGAN 3003 W DR. M. L. KING BL			
CITY-ST-ZIP TAMPA, FL DOCUMENT / N15783		CITY - \$1 - ZIP		
NAME SAN DAMIANO ENTER	SAN DAMIANO ENTERPRISES,INC.		05/16/14 05/16/14	00363621 5-80006-016 526.25
CITY-ST-ZIP TAMPA, FL.		CITY-ST-ZIP		2 07000 A10 250°C2
NAME STREET ADDRESS		STREET AODRESS		
CITY-SI-ZIP		CITY-ST-ZIP		
DOCUMENT / NAME.		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOGUMENT I NAME	. , . <u></u>	STREET ADDRESS		-,
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIF		
DOCUMENT #		STREET ADDRESS	,	
STREET ADDRESS (JTY-ST-ZIP		CITY-ST-ZIP		
14. I hereby certify that the information su indicated on this report is true and act the receiver or paster this powered to SIGNATURE:		or the exemption stated in the same legal effect as oter 620, Florida Statutes	_	I further certify that the information rel Partner of the limited partnership or