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**APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tansia B. Muthart
Secretary of State
DIVISION OF CORPORATIONS

MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J41875 (2)**

1. Corporation Name
ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Location: **3003 W. DR. MARTIN L. KING JR. BLVD. TAMPA FL 33607 US**
Mailing Address: **3003 W. DR. MARTIN L. KING JR. BLVD. TAMPA FL 33607 US**

3. Date incorporated or Qualified: **11/11/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Office Telephone: **21** State: **FL** City: **Tampa**
23. Mailing Office Telephone: **26** State: **FL** City: **Tampa**
24. Filing Office Telephone: **29** State: **FL** City: **Tampa**
4. FEI Number: **59-2820509** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 5-190115, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**BIEBEL, JOHN
3003 W. DR. MARTIN L. 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 607.0407 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in this State of Florida, and certifies that the same was adopted by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of this State of Florida.

SIGNATURE: *John Biebel* April 27, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
CD	BIEBEL, JOHN 3003 TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	AGUANO, DENNIS S., MD 4600 N. HABANA AVE TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD	CERNUDA, CHARLES E., MD 4600 N. HABANA AVE TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	DOMINGUEZ, GERALD H., MD 4710 N. HABANA AVE TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STD	MALLAH, ISAAC 3003 TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is accurate, true and correct, and that any registered agent shall have the same legal effect as if registered with the Department of State, Florida Statutes. I further certify that the information reported on this annual report or supplemental annual report is true and accurate and that any registered agent shall have the same legal effect as if registered with the Department of State, Florida Statutes, and that my name appears on the back of the back of this report or supplemental report with an address.

SIGNATURE: *John Biebel* April 27, 1995 813/870-4241