

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J41875 (2)**

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



Principal Place of Business: 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: 05/01/1995

4. FEI Number: 59-2820509

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

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 (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 607.0505, Florida Statutes.

SIGNATURE: *John Siebel* (Signature typed or printed name of registered agent and title, if applicable.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: BIEBEL, JOHN	1.1 TITLE: Director only	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3003 TAMPA FL	<input type="checkbox"/> DELETE	1.2 NAME: 3003 W. Dr. M.L. King, Jr. Blvd.	
CITY-ST-ZIP: TAMPA FL		1.3 STREET ADDRESS: 3003 W. Dr. M.L. King, Jr. Blvd.	
TITLE: D	NAME: AGLIANO, DENNIS S., MD	2.1 TITLE: P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4600 N. HABANA AVE	<input type="checkbox"/> DELETE	2.2 NAME: Castellano, Norman, M.D.	
CITY-ST-ZIP: TAMPA FL		2.3 STREET ADDRESS: 2727 W. Dr. M.L.K., Jr. Blvd., Ste. 600	
TITLE: MD	NAME: CERNUDA, CHARLES E., MD	2.4 CITY-ST-ZIP: Tampa, FL 33609	
STREET ADDRESS: 4600 N. HABANA AVE	<input type="checkbox"/> DELETE	3.1 TITLE: Director only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: TAMPA FL		3.2 NAME:	
TITLE: D	NAME: DOMINGUEZ, GERALD H., MD	3.3 STREET ADDRESS:	
STREET ADDRESS: 4710 N. HABANA AVE	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	
CITY-ST-ZIP: TAMPA FL		4.1 TITLE: VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD	NAME: MALLAH, ISAAC	4.2 NAME: Boyer, Andrew, M.D.	
STREET ADDRESS: 3003 TAMPA FL	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS: 4600 N. Habana Avenue, Ste. 30	
CITY-ST-ZIP: TAMPA FL		4.4 CITY-ST-ZIP: Tampa, FL 33614	
TITLE: C/D	NAME: Pitisci, Gilbert, M.D.	5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3003 W. Dr. M.L.K., Jr., Blvd.	<input type="checkbox"/> DELETE	5.2 NAME:	
CITY-ST-ZIP: Tampa, FL 33607		5.3 STREET ADDRESS: 3003 W. Dr. M.L. King, Jr. Blvd.	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME: Chawk, Gary W.	
		6.3 STREET ADDRESS: 3003 W. Dr. M.L.K., Jr. Blvd.	
		6.4 CITY-ST-ZIP: Tampa, FL 33607	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Siebel* (Signature typed or printed name of signing officer or director)

Date: 4/30/96 (813) 870-4240

CR2E034 (12/95)

*PM 5-1-96*

J41875

2-2

ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZATION, INC.

Additional Directors

Mawn, Thomas, M.D.  
4710 N. Habana Avenue  
Suite 400  
Tampa, FL 33614

Scott, Charles F.  
3003 W. Dr. M.L.K., Jr., Blvd.  
Tampa, FL 33607

annual report/'96