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FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/11/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2820509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Attn: Legal Services Dept. 28 City & State 29 Zip 30 Country
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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
Mallah, Isaac
82 Street Address (P.O. Box Number is Not Acceptable)
3003 W. Dr. M.L.K., Jr., Blvd.
83
84 City
Tampa, FL 85 Zip Code
33607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0502, Florida Statutes.

SIGNATURE *Isaac Mallah*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIEBEL, JOHN	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGLIANO, DENNIS S., MD	
STREET ADDRESS	4800 N. HABANA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CERNUDA, CHARLES E., MD	
STREET ADDRESS	4800 N. HABANA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOYER, ANDREW M.D.	
STREET ADDRESS	4800 N. HABANA AVENUE, STE. 30	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MALLAH, ISAAC	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PATISCI, GILBERT M.D.	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CD MALLAH, ISAAC	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STD PITISCI, GILBERT	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Isaac Mallah*

CR2E034 (9/96)