

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3003 W. DR. MARTIN L. KING JR. BLVD.                  TAMPA FL 33607                  US</b>	Mailing Address <b>3003 W. DR. MARTIN L. KING JR. BLVD.                  ATTN: LEGAL SERVICES DEPT                  TAMPA FL 33607                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Attn: Isaac Mallah
22 City & State	27 3003 W. Dr. M.L.K., Jr., Blvd.
23 Zip	28 Tampa, FL
24 Country	30 US

3. Date Incorporated or Qualified <b>11/11/1986</b>	
4. FEI Number <b>59-2820509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MALLAH, ISAAC  
 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	85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AGLIANO, DENNIS S., MD	
STREET ADDRESS	4600 N. HABANA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CERNUDA, CHARLES E., MD	
STREET ADDRESS	4600 N. HABANA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOYER, ANDREW M.D.	
STREET ADDRESS	4600 N. HABANA AVENUE, STE. 30	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MALLAH, ISAAC	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PITISCI, GILBERT	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Castellano, Norman, M.D.	
1.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
1.4 CITY-ST-ZIP	Tampa, FL 33607	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Luria, Leonard, M.D.	
2.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
2.4 CITY-ST-ZIP	Tampa, FL 33607	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Amey, Brent, M.D.	
3.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
3.4 CITY-ST-ZIP	Tampa, FL 33607	
4.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Yelvington, Fleury	
6.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
6.4 CITY-ST-ZIP	Tampa, FL 33607	

14. I 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.

CP2E034 (10/97)

*Handwritten signatures and initials at the bottom of the page.*

**ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZATION, INC.  
1998 ANNUAL REPORT  
ADDITIONAL DIRECTORS**

Anthony Brannon, M.D.  
3003 W. Dr. M.L.K., Jr. Blvd.  
Tampa, FL 33607

N. Bruce Edgerton, M.D.  
3003 W. Dr. M.L.K., Jr. Blvd.  
Tampa, FL 33607

F. Lane France, M.D.  
3222 Azeele Street  
Tampa, FL 33609

Benedict Maniscalco, M.D.  
3003 W. Dr. M.L.K., Jr. Blvd.  
Tampa, FL 33607