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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J41875

1. Corporation Name
**ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZAT
 ION, 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/11/1986	4. FEI Number 59-2820509	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 City & State	28 City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASTELLANO, NORMAN MD	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LURIA, LEONARD MD	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMEY, BRENT MD	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MALLAH, ISAAC	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PITISCI, GILBERT	
STREET ADDRESS	3003 W. DR. MARTIN L. KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YELKINGTON, FLEURY	
STREET ADDRESS	3003 W DR MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/D	<input checked="" 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	P/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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *[Signature]* APR 28 1999 (813) 870-4203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)