

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90012 001 ***150.00

DOCUMENT # J41875

1. Entity Name
ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZAT

Principal Place of Business 3003 W. DR. MARTIN L. KING JR. BLVD. TAMPA FL 33607	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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent
**MALLAH, ISAAC
 3003 W. DR. MARTIN L. KING JR. BLVD.
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
 Date: **4/29/00** Daytime Phone # _____

CR2E034 (9/99)