

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90142 003 \*\*\*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**  
**US**

Mailing Address  
**3003 W. DR. MARTIN L. KING JR. BLVD.**  
**TAMPA FL 33607**  
**US**

2. Principal Place of Business  
**3001 W. Dr. Martin Luther**  
 Suite, Apt. #, etc. **King Jr. Blvd.**

3. Mailing Address  
**3001 W. Dr. Martin Luther**  
 Suite, Apt. #, etc. **King Jr. Blvd.**  
**Attn: Isaac Mallah**

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number **59-2820509**

Applied For  
 Not Applicable

Zip  
**33607**

Country  
**USA**

Zip  
**33607**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MALLAH, ISAAC**  
**3003 W. DR. MARTIN L. KING JR. BLVD.**  
**TAMPA FL 33607**

Name  
**Isaac Mallah**  
 Street Address (P.O. Box Number is Not Acceptable)

**3001 W. Dr. Martin Luther King Jr. Blvd.**

City **Tampa** State **FL** Zip Code **33607**

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

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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 checked="" 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 YELVINGTON, FLEURY 3003 W DR MLK JR BLVD TAMPA FL 33607	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 3001 W. Dr. Martin Luther King Jr. Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 W. Dr. Martin Luther King Jr. Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Edgerton, Dr. N. Bruce 3001 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 3001 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 3001 W. Dr. Martin Luther King Jr. Blvd.	<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 or 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: *Isaac Mallah*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 27 2001**

Date Daytime Phone #

CR2E034 (10/00)

Attachment DOC# J41815-Cadell61

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

2001 UNIFORM BUSINESS REPORT

ADDITIONAL DIRECTORS

(D)

Dr. Anthony Brannan, M.D.  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Dr. Benedict Maniscalco  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(Ex-Officio)

Dr. Charles Cernuda  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607