


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90225 003 ***150.00

DOCUMENT # J41875

1. Entity Name
ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZATION, INC.



Principal Place of Business Mailing Address
3001 W DR MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607 US **3001 W DR MARTIN LUTHER KING JR. BLVD. ATTN: ISAAC MALLAH TAMPA, FL 33607 US**

94074248



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number **59-2820509** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MALLAH, ISAAC
3001 W DR MARTIN LUTHER 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 **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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CASTELLANO, NORMAN MD 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LURIA, LEONARD MD 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDGERTON, N. BRUCE DR. 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALLAH, ISAAC 3001 W DR. MARTIN LUTHER KING JR. BLVD TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, GEORGE 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YELVINGTON, FLEURY 3001 W DR. MARTIN LUTHER KING JR. BLVD TAMPA, FL 33607 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, ALLEN, MD 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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORRELL, TOMMY, MD 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	D YODER, CATHY 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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Isaac Mallah Date: 4/29/04 (813) 870-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Attachment

**ST. JOSEPH'S PHYSICIANS – HEALTHCENTER ORGANIZATION, INC.
2004 UNIFORM BUSINESS REPORT
ADDITIONAL DIRECTORS**

(D)

Mark Vaaler, MD
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

(D)

Gilbert Pitisci, MD
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