
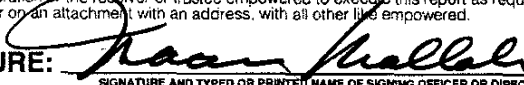


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90391 039 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # J41875</b>			
1. Entity Name <b>ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZATION, INC.</b>			
Principal Place of Business <b>3001 W DR MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607 US</b>		Mailing Address <b>3001 W DR MARTIN LUTHER KING JR. BLVD. ATTN: ISAAC MALLAH TAMPA, FL 33607 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2820509</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, ALLEN MD <input checked="" type="checkbox"/> Delete 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTTON, LORRAINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LURIA, LEONARD MD <input checked="" type="checkbox"/> Delete 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALLAH, ISAAC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EDGERTON, N. BRUCE DR. <input checked="" type="checkbox"/> Delete 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAALER, MARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORREL, TOMMY MD <input checked="" type="checkbox"/> Delete 3001 W DR. MARTIN LUTHER KING JR. BLVD TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUINESS, PAULA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YODER, CATHY <input type="checkbox"/> Delete 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YELVINGTON, FLEURY <input checked="" type="checkbox"/> Delete 3001 W DR. MARTIN LUTHER KING JR. BLVD TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 		4-26-05 (813) 870-4020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Isaac Mallah	