


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

05-02-2005 90391 039 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # J41875 1. Entity Name ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZATION, INC.		
Principal Place of Business 3001 W DR MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607 US		Mailing Address 3001 W DR MARTIN LUTHER KING JR. BLVD. ATTN: ISAAC MALLAH TAMPA, FL 33607 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
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 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: _____ (NOTE: Registered Agent signature required when re-issuing) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: VP NAME: MILLER, ALLEN MD <input checked="" type="checkbox"/> Delete STREET ADDRESS: 3001 W DR. MARTIN LUTHER KING JR. BLVD. CITY-ST-ZIP: TAMPA, FL 33607	TITLE: PD NAME: LUTTON, LORRAINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 3001 W DR. MARTIN LUTHER KING JR. BLVD. CITY-ST-ZIP: TAMPA, FL 33607	
TITLE: D NAME: LURIA, LEONARD MD <input checked="" type="checkbox"/> Delete STREET ADDRESS: 3001 W DR. MARTIN LUTHER KING JR. BLVD. CITY-ST-ZIP: TAMPA, FL 33607	TITLE: STD NAME: MALLAH, ISAAC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 3001 W DR. MARTIN LUTHER KING JR. BLVD. CITY-ST-ZIP: TAMPA, FL 33607	
TITLE: C NAME: EDGERTON, N. BRUCE DR. <input checked="" type="checkbox"/> Delete STREET ADDRESS: 3001 W DR. MARTIN LUTHER KING JR. BLVD. CITY-ST-ZIP: TAMPA, FL 33607	TITLE: D NAME: VAALER, MARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 3001 W DR. MARTIN LUTHER KING JR. BLVD. CITY-ST-ZIP: TAMPA, FL 33607	
TITLE: D NAME: BORREL, TOMMY MD <input checked="" type="checkbox"/> Delete STREET ADDRESS: 3001 W DR. MARTIN LUTHER KING JR. BLVD CITY-ST-ZIP: TAMPA, FL 33607	TITLE: D NAME: MCGUINNESS, PAULA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 3001 W DR. MARTIN LUTHER KING JR. BLVD. CITY-ST-ZIP: TAMPA, FL 33607	
TITLE: D NAME: YODER, CATHY <input type="checkbox"/> Delete STREET ADDRESS: 3001 W DR MARTIN LUTHER KING JR BLVD CITY-ST-ZIP: TAMPA, FL 33607	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: PD NAME: YELVINGTON, FLEURY <input checked="" type="checkbox"/> Delete STREET ADDRESS: 3001 W DR. MARTIN LUTHER KING JR. BLVD CITY-ST-ZIP: TAMPA, FL 33607	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
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: <u>Isaac Mallah</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-26-05</u> (813) 870-4020 <small>Date Telephone #</small>

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