


FILED
Apr 28, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J41875 1. Entity Name ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZATION, INC.	
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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
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04Z12006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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	<p style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LUTTON, LORRAINE
STREET ADDRESS	3001 W DR. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	STD
NAME	MALLAH, ISAAC
STREET ADDRESS	3001 W DR. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	VAALER, MARK
STREET ADDRESS	3001 W DR. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	MCGUINNESS, PAULA
STREET ADDRESS	3001 W DR. MARTIN LUTHER KING JR. BLVD
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	YODER, CATHY
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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00000512983
 05/10/06 80121-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-25-06 (413) 870-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #