


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY 10 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[Handwritten Signature]



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2820509

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

400103024594
*05/22/07--01035--007 **2207.50*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

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	MCGUINESS, 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
IN THIS SPACE**

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 I am empowered.

SIGNATURE: *Isaac Mallah* 4/6/07 (813) 870-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #