

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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**



04152008 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U000000326672
05/20/08-80074-023 150.00**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

(813) 870-4020

Date

Daytime Phone #