


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<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>
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04152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	U000000326672 05/20/08-80074-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTTON, LORRAINE 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALLAH, ISAAC 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAALER, MARK 3001 W DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUINESS, PAULA 3001 W DR. MARTIN LUTHER KING JR. BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YODER, CATHY 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowerment.

SIGNATURE: Isaac Mallah Date: 4/23/08 Daytime Phone #: (813) 870-4020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR