

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41875

FILED
Apr 28, 2009
Secretary of State

Entity Name: ST. JOSEPH'S PHYSICIANS - HEALTHCENTER ORGANIZATION, INC.

Current Principal Place of Business:

3001 W DR MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3001 W DR MARTIN LUTHER KING JR. BLVD.
ATTN: ISAAC MALLAH
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2820509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLAH, ISAAC
3001 W DR MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUTTON, LORRAINE
Address: 3001 W DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: STD () Delete
Name: MALLAH, ISAAC
Address: 3001 W DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: D () Delete
Name: VAALER, MARK
Address: 3001 W DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: D () Delete
Name: MCGUINESS, PAULA
Address: 3001 W DR. MARTIN LUTHER KING JR. BLVD
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: YODER, CATHY
Address: 3001 W DR MARTIN LUTHER KING JR BLVD
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE D. LAMB, GENERAL COUNSEL
_____ Electronic Signature of Signing Officer or Director

GC

04/28/2009

_____ Date