

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K03002 (8)

1. Corporation Name

ST. JOSEPH'S PHYSICIAN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 151526
TAMPA FL 33684-8526

P. O. BOX 151526
TAMPA FL 33684-8526



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1987		3a. Date of Last Report 05/01/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2858209		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CERNUDA, CHARLES E., M.D.
4900 N. HABANA AVE
TAMPA FL 33614

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DOMINQUEZ, GERALD M.D.			1.2 NAME	Norman Castellano, M.D.		
STREET ADDRESS	4710 N HABANA AVE, STE 201			1.3 STREET ADDRESS	2727 W. M.L. King Jr Blvd, Suite 450		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	Tampa, FL 33607		
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	CD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAWN, THOMAS J MD			2.2 NAME			
STREET ADDRESS	4710 N HABANA AVE, STE 400			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAYER, ANDREW G MD			3.2 NAME	Boyer, Andrew G. M.D.		
STREET ADDRESS	2727 W. M.L. KING JR. BLVD, STE 450			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CERNUDA, CHARLES			4.2 NAME			
STREET ADDRESS	4900 N. HABANA AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MATTISON, JOEL M			5.2 NAME	Edgerton, W. Bruce		
STREET ADDRESS	4700 N HABANA AVE, STE 600			5.3 STREET ADDRESS	2706 W. Dr. M.L. King Jr Blvd Suite A		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP	Tampa, FL 33607		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AGLIANO, DENNIS M			6.2 NAME	Brannan, Anthony		
STREET ADDRESS	4600 N. HABANA AVE.			6.3 STREET ADDRESS	4700 N. Habana Ave. Suite 403		
CITY-ST-ZIP	TAMPA FL			6.4 CITY-ST-ZIP	Tampa, FL 33614		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

813/870-4280

Date

Daytime Phone #

CR2E034 (12/95)

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ST. JOSEPH'S PHYSICIAN ASSOCIATES, INC.
ADDITIONAL BOARD OF DIRECTORS
FOR 1996 ANNUAL REPORT

D
Dennis Agliano, M.D.
4600 N. Habana Avenue Suite 23
Tampa, Florida 33614

D
Michael Wasylik, M.D.
2919 Swann Avenue, Suite 201
Tampa, Florida 33609

D
Jerry Diehr, M.D.
2822 W. Virginia Avenue
Tampa, Florida 33607