FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33684-1526

3. Date Incorporated or Qualified: **11/20/1987**	3a. Date of Last Report: **03/11/1996**
4. FEI Number: **59-2858209**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NORMAN CASTELLANO, M.D.		1.2 NAME		
STREET ADDRESS	2727 W. M.L. KING JR. BLVD., SUITE 450		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE	CD	☒ Change ☐ 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	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOYER, ANDREW G. M.D.		3.2 NAME		
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	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EDGERTON W. BRUCE		5.2 NAME		
STREET ADDRESS	2706 W. DR. M.L. KING JR. BLVD, SUITE A		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRANNAN, ANTHONY		6.2 NAME		
STREET ADDRESS	4700 N. HABANA AVE., SUITE 403		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE: _____ 3-13-97 813/854-4668

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

NORMAN CASTELLANO M.D. PRESIDENT

ST. JOSEPH'S PHYSICIAN ASSOCIATES, INC.
ADDITIONAL BOARD OF DIRECTORS
FOR 1997 ANNUAL REPORT

D
Bill Luria, M.D.
4726 N. Habana Avenue Suite 102
Tampa, Florida 33614

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

D
Aaron Laden, M.D.
3001 W. Dr. M.L. King Jr. Blvd.
Pathology Department
Tampa, Florida 33607

D
Benedict Maniscalco, M.D.
2727 W. Dr. M.L. King Jr. Blvd.
Tampa, FL 33607