

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90183 004 \*\*\*158.75

**DOCUMENT # K03002**

1. Corporation Name

**ST. JOSEPH'S PHYSICIAN ASSOCIATES, INC.**

Principal Place of Business

P. O. BOX 151526  
TAMPA FL 33684-8526

Mailing Address

P. O. BOX 151526  
TAMPA FL 33684-8526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/20/1987**

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 owes the current year Intangible  
Personal Property Tax.



Yes

No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

CD

DELETE

NAME

**NORMAN CASTELLANO, M.D.**

STREET ADDRESS

**2727 W. M.L. KING JR. BLVD., SUITE 450**

CITY-ST-ZIP

**TAMPA FL**

TITLE

TD

DELETE

NAME

**LURIA, WILLIAM M.D.**

STREET ADDRESS

**2727 W. MLKING JR. BLVD. SUITE 500**

CITY-ST-ZIP

**TAMPA FL 33607**

TITLE

VD

DELETE

NAME

**MILLER, ALLEN M.D.**

STREET ADDRESS

**4612 N. HABANA AVE SUITE 203**

CITY-ST-ZIP

**TAMPA FL 33614**

TITLE

D

DELETE

NAME

**CERNUDA, CHARLES**

STREET ADDRESS

**4900 N. HABANA AVE.**

CITY-ST-ZIP

**TAMPA FL**

TITLE

SD

DELETE

NAME

**EDGERTON W. BRUCE**

STREET ADDRESS

**2706 W. DR. M.L. KING JR. BLVD, SUITE A**

CITY-ST-ZIP

**TAMPA FL**

TITLE

PD

DELETE

NAME

**BRANNAN, ANTHONY**

STREET ADDRESS

**4700 N. HABANA AVE., SUITE 403**

CITY-ST-ZIP

**TAMPA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)