

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03002

1. Entity Name

ST. JOSEPH'S PHYSICIAN ASSOCIATES, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90186 047 ***158.75

Principal Place of Business

Mailing Address

P. O. BOX 151526
TAMPA FL 33684-8526

P. O. BOX 151526
TAMPA FL 33684-1526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2858209

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	NORMAN CASTELLANO, M.D.	
STREET ADDRESS	2727 W. M.L. KING JR. BLVD., SUITE 450	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LURIA, WILLIAM M.D.	
STREET ADDRESS	2727 W. MLKING JR. BLVD. SUITE 500	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, ALLEN M.D.	
STREET ADDRESS	4612 N. HABANA AVE SUITE 203	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	CERNUDA, CHARLES	
STREET ADDRESS	4900 N. HABANA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDGERTON W. BRUCE	
STREET ADDRESS	2706 W. DR. M.L. KING JR. BLVD, SUITE A	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANNAN, ANTHONY	
STREET ADDRESS	4700 N. HABANA AVE., SUITE 403	
CITY-ST-ZIP	TAMPA FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benedict Maniscalco, M.D.	
STREET ADDRESS	2727 W. M.L. King Jr. Blvd. Suite 800	
CITY-ST-ZIP	Tampa FL 33607	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 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 (9/99)