

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90071 020 \*\*\*158.75

**DOCUMENT # K03002**

1. Entity Name

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

Principal Place of Business

Mailing Address

P. O. BOX 151526

P. O. BOX 151526

TAMPA FL 33684-8526

TAMPA FL 33684-8526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2858209**

Applied For

Not Applicable

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, 2002 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 **VD** ☐ Delete  
NAME **MANISCALCO, BENEDICT**  
STREET ADDRESS **2727 W MLK JR BLVD STE 800**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **TD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **LURIA, WILLIAM M.D.**  
STREET ADDRESS **2727 W. MLKING JR. BLVD. SUITE 500**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **MILLER, ALLEN M.D.**  
STREET ADDRESS **4612 N. HABAN AVE SUITE 203**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CERNUDA, CHARLES**  
STREET ADDRESS **4900 N. HABANA AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **EDGERTON W. BRUCE**  
STREET ADDRESS **2706 W. DR. M.L. KING JR. BLVD, SUITE A**  
CITY-ST-ZIP **TAMPA FL**

TITLE **CD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☒ Delete  
NAME **BRANNAN, ANTHONY**  
STREET ADDRESS **4700 N. HABANA AVE., SUITE 403**  
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Angel Docobo, M.D.**  
STREET ADDRESS **4503 N. Armenia Ave**  
CITY-ST-ZIP **Tampa FL 33603**

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-2002**

**813-8544668**

CR2E034 (9/01)