

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K03002

FILED
Jan 11, 2004
Secretary of State

Entity Name: ST. JOSEPH'S PHYSICIAN ASSOCIATES, INC.

Current Principal Place of Business:

P. O. BOX 151526
TAMPA, FL 336848526

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 151526
TAMPA, FL 336848526

New Mailing Address:

FEI Number: 59-2858209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MANISCALCO, BENEDICT
Address: 2727 W MLK JR BLVD STE 800
City-St-Zip: TAMPA, FL 33607

Title: VD () Delete
Name: LURIA, WILLIAM M.D.
Address: 2727 W. MLKING JR. BLVD. SUITE 500
City-St-Zip: TAMPA, FL 33607

Title: PD () Delete
Name: MILLER, ALLEN M.D.
Address: 4612 N. HABANA AVE SUITE 203
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: CERNUDA, CHARLES
Address: 4900 N. HABANA AVE.
City-St-Zip: TAMPA, FL

Title: CD () Delete
Name: EDGERTON W. BRUCE,
Address: 2706 W. DR. M.L. KING JR. BLVD, SUITE A
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: ANGEL, DOCOLOO MD
Address: 4503 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ANGEL, DOCOBO MD
Address: 4503 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES CERNUDA

D

01/11/2004

Electronic Signature of Signing Officer or Director

Date