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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000350 (0)**

1. Corporation Name

ST. JOSEPH'S COMMUNITY CARE, INC.

Principal Place of Business	Mailing Address
% ST JOSEPH HEALTH CARE CENTER. INC. 3003 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607 US	ATTN: LEGAL SERVICES DEPT 3003 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607 US

3. Date Incorporated or Qualified: 11/18/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3152606 ☐ 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

9. **Name and Address of Current Registered Agent**

BIEBEL, JOHN
3003 W DR MARTIN LUTHER KING JR BLVD
TAMPA FL 33607

10. **Name and Address of New Registered Agent**

81 Name: Mallah, Isaac
82 Street Address (P.O. Box Number is Not Acceptable): 3003 W. Dr. M.L.K., Jr., Blvd.
83
84 City: Tampa, **FL** 85 Zip Code: 33607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, CHARLES F		1.2 NAME		
STREET ADDRESS	3003 W DR MARTIN LUTHER KING JR BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BIEBEL, JOHN		2.2 NAME		
STREET ADDRESS	3003 W DR MARTIN LUTHER KING JR BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP		
TITLE	DEVP	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	MALLAH, ISAAC		3.2 NAME		
STREET ADDRESS	3003 W DR MARTIN LUTHER KING JR BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAWK, GARY		4.2 NAME		
STREET ADDRESS	3003 W DR MARTIN LUTHER KING JR BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PITISCI, GILBERT		5.2 NAME		
STREET ADDRESS	3003 W DR MARTIN LUTHER KING JR BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	6.1 TITLE	AS	☐ Change ☒ Addition
NAME	JACKSON, SONDRA		6.2 NAME	Hill, Corina	
STREET ADDRESS	3003 W. DR. M.L.K. JR. BLVD		6.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr., Blvd.	
CITY-ST-ZIP	TAMPA FL 33607		6.4 CITY-ST-ZIP	Tampa, FL 33607	

CR2E037 (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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0079170