2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9200000350 May 01, 2000 8:00 am Secretary of State ST. JOSEPH'S COMMUNITY CARE, INC. 05-01-2000 90370 017 ****61.25 Mailing Address Principal Place of Business ATTN: ISAAC MALLAH ATTN: ISAAC MALLAH 3003 W. DR. MARTIN LUTHER KING 3003 W. DR. MARTIN LUTHER KING TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For 4. FEi Number City & State City & State 59-3152608 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MALLAH, ISAAC 3003 W DR MARTIN LUTHER KING JR BLVD TAMPA FL 33607 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Maddition Maddition T. D **D**elete TITLE TITLE TD WATTACE, GEORGE 3003 W. Dr. Martin Lutter King Blvd NAME NAME POLO, JANICE STREET ADDRESS STREET ADDRESS 3003 W DR MARTIN LUTHER KING CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 ☐ Change ☐ Addition PD ☐ Delete TITLE TITI F NAME NAME MALLAH, ISAAC STREET ADDRESS STREET ADDRESS 3003 W DR MARTIN LUTHER KING CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 ☐ Addition ☐ Change ☐ Delete TITLE TITLE ٧D NAME AMEY, BRENT NAME STREET ADDRESS STREET ADDRESS 3003 W DR MARTIN LUTHER KING CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 SD ☐ Addition Delete 🔛 Change TITLE Dorsey, Sherry 406 Reo St. Ste NAME NAME DORSEY, SHEMY STREET ADDRESS STREET ADDRESS 3003 W DR MARTIN LUTHER KING CITY-ST-7IF Tampa, FC 33609 CITY-ST-ZIP **TAMPA FL 33607** Addition TITL F Yelvington, FLEURY 3003 W. DR. Martin Luther King Blvd Delete TITLE AS NAME HILL, CORINA NAME STREET ADDRESS STREET ADDRESS 3003 W. DR. M.L.K. JR. BLVD. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Delete TITLE TITLE NAME AUBIN, MICHAEL NAME STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING STREET ADDRESS CITY-ST-7IP **TAMPA FL 33607**

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PAGNATURE AND EDGE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (813)636-2002