2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9200000350

1. Entity Name

ST. JOSEPH'S COMMUNITY CARE, INC.

<u> </u>	
Principal Place of Business	Mailing Address
ATTN: ISAAC MALLAH 3003 W. DR. MARTIN LUTHER KING TAMPA FL 33607 US	ATTN: ISAAC MALLAH 3003 W. DR. MARTIN LUTHER KING TAMPA FL 33607 US

FILED May 03, 2001 8:00 am Secretary of State
05-03-2001 90912 028 ****61.25



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Principal Place of Business 3. Mailing Address		.									
Attn: Isaac Mallah Attn: Isaac Mallah		llah		. 14 87161 914 14114 71917 98111 48711 48111 88111 48111 48704 (1141 81111 8811							
Suite, Apt. #, etc. Suite, Apt. #, etc.]	DO N	IOT WRITE IN	THIS SPA	CE			
3001 W. Dr. Martin Luther 3001 W. Dr. Marti											
City & State King Jr. Blvd. City & State King Jr.			Jr. <u>B</u> lvd	•	4. FEI Nu	mber EQ-24	52608			Applied For	
Tampa, FL Tampa, FL						132000		٨	lot Applicable		
Zip	Country	Zip	Country		5 Certific	ate of Status D	esired			dditional	
33607	6. Name and Address of Current Re	33607	USA				<u> </u>		Requir	ed	
			7. Name and Address of New Registered Agent								
'				ne aac Mallah							
					t Address (P.O. Box Number is Not Acceptable)						
				Ciroti nationally (C. Dox Halliper is Hot Noveptable)							
	DR MARTIN LUTHER KING JR BLVD		300	רו דעו די	m Mar		or Vinc	- T ·	הייום		
tampa f	L 3300/		City	L W. L	I. Mai	tin Luth	er vind				
	:		Tam	oa.				FL	Zip Co. 336	07 l	
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.											
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										ľ	
SIGNATURE.		<u> </u>	·								
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: I	Registered Agent sign	nature required	when reinstating)		DATE		ì	
											
	FILE NOW:	9. Election Campaign F	inancing	\$5.00 May Be Make Check Payable to						0	
FEE IS \$61.25 Trust Fund Contribution.					to Fees			ment of		ŀ	
10.	OFFICERS AND DIREC		11.		ADDITIONS/	CHANGES TO	OFFICERS AN	ND DIREC	TORS II		
TITLE	TD	🔀 Delete	TITLE '	TD	_			Ü	Change	Addition	
NAME	POLO, JANICE		NAME	,	ace, G	_]	
STREET ADDRESS	3003 W DR MARTIN LUTHER KING	Ż	STREET ADDRESS	1		. Martin	Luther	King	Jr.	Blvd.	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	Tamp	a, FL	<u>33607</u>					
TITLE	PD	☐ Delete	TITLE					X)	Change	Addition	
NAME	MALLAH, ISAAC		NAME	2001	M Dec	. Martin	Tuthow	Vina	T	Dlass	
STREET ADDRESS	3003 W DR MARTIN LUTHER KING	i	STREET ADDRESS	3001	W. DI.	. Marcin	racier	KHIG	OT.	prva.	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	<u> </u>							
TITLE	VD	☐ Delete	TITLE	1				X)	Change	☐ Addition	
NAME	AMEY, BRENT		NAME	2001	ta7 Dz∽	. Martin	Tuthor	Vina	T	EIG	
STREET ADDRESS	3003 W DR MARTIN LUTHER KING		STREET ADDRESS	13001	W. DI.	, Per Cili	Danier	киц	OL.	prog.	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	 							
TITLE 🞝	SD SOROEV CHENN	☐ Delete	TITLE	Dome	or Oh			Ď	Change	Addition	
NAME .	DORSEY, SHEMY	•	NAME		ey, She		- 11	'	_		
STREET ADDRESS	3003 W DR MARTIN LUTHER KING	!	STREET ADDRESS	2001	w. Dr.	. Martin	Luther	King	Jr.	RTAG.	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	-							
TITLE	AS HILL CODINA	🟝 Delete	TITLE	D	. ,				Change	X Addition	
NAME CTREET ADDRESS	HILL, CORINA		NAME OXDEET ADDDGGG			Fleury				_	
STREET ADDRESS CITY-ST-ZIP	3003 W. DR. M.L.K. JR. BLVD.	ĺ	STREET ADDRESS	1000		Martin	Luther	King	Jr.	Blvd.	
	TAMPA FL		CITY-ST-ZIP	Tampa	a, FL	33607					
TITLE	D ALIDIN MICHAEL	☐ Delete	TITLE					⊠	Change	☐ Addition	
NAME STREET ADDRESS	AUBIN, MICHAEL	.	NAME	3001	M Dr	Martin	Tuthon	Vin-	T∽	ואייום	
CITY-ST-ZIP	3003 W. DR. MARTIN LUTHER KIN	u	STREET ADDRESS	12001	m. DI.	rica Cill	Trans.	ипід	UL.	דעת•	
0111-31-21P	TAMPA FL 33607		CITY-ST-ZIP								

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #