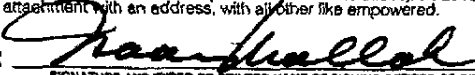


FILED
Apr 28, 2006 08:00 AM
Secretary of State

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N92000000350		
1. Entity Name ST. JOSEPH'S COMMUNITY CARE, INC.		
Principal Place of Business ATTN: ISAAC MALLAH 3001 W. DR. MARTIN LUTHER KING JR BLVD TAMPA, FL 33607 US		Mailing Address ATTN: ISAAC MALLAH 3001 W. DR. MARTIN LUTHER KING JR BLVD TAMPA, FL 33607 US
DO NOT WRITE IN THIS SPACE		
		04212008 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-3152608		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MALLAH, ISAAC 3001 W. DR. MARTIN LUTHER KING JR BLVD TAMPA, FL 33607		
DO NOT WRITE IN THIS SPACE		
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		UN00007540477 05/10/06-80017-020 61.25
10. OFFICERS AND DIRECTORS		
TITLE	TD	DO NOT WRITE IN THIS SPACE
NAME	YODER, CATHY	
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	PD	
NAME	MALLAH, ISAAC	
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	VAALER, MARK	
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	SD	
NAME	DORSEY, SHERRY	
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	AS	DO NOT WRITE IN THIS SPACE
NAME	LUTTON, LORRAINE	
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VPD	
NAME	AUBIN, MICHAEL	
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4-25-06 (413) 870-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #