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	Mailing Address
ATTN: ISAAC MALLAH 3001 W. DR. MARTIN LUTHER KING JR BLVD TAMPA, FL 33607 US	ATTN: ISAAC MALLAH 3001 W. DR. MARTIN LUTHER KING JR BLVD TAMPA, FL 33607 US

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04212006 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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000540477
05/10/06-80017-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
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
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
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

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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: Isaac Mallah 4-25-06 (813)870-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #