2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FII ED **DOCUMENT # N94000002585** 07 MAY 10 AM 10: 10 ST. JOSEPH'S SPECIALTY SERVICES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3001 W DR MARTIN LUTHER KING IR BLVD 3001 W DR MARTIN LUTHER KING IR BLVD ATTENTION: ISAAC MALLAH **TAMPA, FL 33607** TAMPA, FL 33607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-3244269 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33607 Zip Code 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 _ Storabure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of State Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Desete TITLE Change NAME MALLAH, ISAAC NAME **800103024326** 05/22/07--01035--007 **22 3001 W DR MARTIN LUTHER KING JR BLVD STREET ADORESS STREET ADDRESS **2207.50 CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP то TITLE Detete TITLE ☐ Change Addition YODER, CATHY NAME NAME STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition VAALER, MARK NAME STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD STREET ADORESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP TITLE SD Delete titl F ☐ Channe ☐ Addition DORSEY, SHERRY NAME NAME STREET ADDRESS 406 REO ST STE-200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP VPD TITLE ☐ Delete ☐ Change ☐ Addition AUBIN, M NAME STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD STREET ADDRESS TAMPA, FL 33607 CITY-ST-7IP CITY-ST-ZIP Detete Change | ☐ Addition CIMINO, PATRICK M.D. NAME NAME 406 REO STREET, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP

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:

ST. JOSEPH'S SPECIALTY SERVICES, INC. 2007 UNIFORM BUSINESS REPORT ADDITIONAL TRUSTEES

(D) Lorraine Lutton c/o St. Joseph's Hospital, Inc. 3001 W. Dr. Martin Luther King, Jr. Blvd. Tampa, FL 33607

(D)
Forrest C. Haslup
c/o St. Joseph's Hospital, Inc.
3001 W. Dr. Martin Luther King, Jr. Blvd.
Tampa, FL 33607