

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90018 001 ****61.25

DOCUMENT # N94000002585

1. Entity Name
ST. JOSEPH'S SPECIALTY SERVICES, INC.



Principal Place of Business
3001 W DR MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607

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

40102200



04152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3244269

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 reinstating)

DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MALLAH, ISAAC
STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP TAMPA, FL 33607

TITLE TD
NAME YODER, CATHY
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 406 REO ST STE-200
CITY-ST-ZIP TAMPA, FL 33609

TITLE VPD
NAME AUBIN, M
STREET ADDRESS 3001 W DR MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

(813) 270-4000

Daytime Phone #

ATTACHMENT

40102200
N94000002585

ST. JOSEPH'S SPECIALTY SERVICES, INC.
2008 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