

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000008872

1. Entity Name
ST. JOSEPH PREFERRED HEALTHCARE, INC.



FILED

05 JUL 29 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2500 HARBOR BLVD.
PT CHARLOTTE, FL 33952

Mailing Address
2500 HARBOR BLVD.
PT CHARLOTTE, FL 33952

2. Principal Place of Business
10300 4th Street, North
Suite, Apt. #, etc.

3. Mailing Address
10300 4th Street, North
Suite, Apt. #, etc.

07212005 Chg-P CR2E034 (10/03)

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33716

Country
U.S.A.

Zip
33716

Country
U.S.A.

4. FEI Number
65-0530868

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRINGTON, MICHAEL L
2500 HARBOR BLVD
PT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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 Sylvia Queppet, Asst. VP 7-25-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HARRINGTON, MICHAEL L 2500 HARBOR BLVD PT CHARLOTTE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KLEIN, DAVID DR 2500 HARBOR BLVD PT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGO, JOSE DR 2500 HARBOR BLVD PT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Sr. Anne Lutz 1505 Marriottsville Road Marriottsville, MD 21104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/S/D John Shea 1505 Marriottsville Road Marriottsville, MD 21104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Michael Cottrell 1505 Marriottsville Road Marriottsville, MD 21104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

000058049920

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 reports 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 registered agent or trustee empowered to execute this report as required by Chapter 607, 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 Michael Cottrell, Treasurer 7/27/05 410-442-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 504923 4312599

AUTHORIZATION :

Patricia Pajot

COST LIMIT : \$ 550.00

ORDER DATE : July 26, 2005

ORDER TIME : 10:31 AM

ORDER NO. : 504923-045

CUSTOMER NO: 4312599

CUSTOMER: Ms. Camille C. Duerr
Jones Day
Suite 800
1420 Peachtree Street, N.e.
Atlanta, GA 30309-3053

CHANGE OF AGENT

NAME: ST. JOSEPH PREFERRED
HEALTHCARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER: _____

RECEIVED
05 JUL 29 PM 1:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA