

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041577 (4)**

1. Corporation Name  
**ST. JOSEPH'S HEALTH NETWORK, INC.**



Principal Place of Business  
**3003 W DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33607**

Mailing Address  
**P.O. BOX 4227  
TAMPA FL 33677**

3. Date Incorporated or Qualified **05/26/1995** 3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-3320281</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**MALLAH, ISAAC  
3003 W DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33607**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: *John Beibel*  
Signature of the Current Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS

TITLE	C/D	<input type="checkbox"/> DELETE
NAME	Rosenthal, Todd, M.D.	
STREET ADDRESS	8004-A N. Armenia Avenue	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	Pitisci, Gilbert, M.D.	
STREET ADDRESS	3003 W. Dr. M.L.K., Jr., Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	Ferzoco, Steven, M.D.	
STREET ADDRESS	4516 N. Armenia Avenue	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Mallah, Isaac	
STREET ADDRESS	3003 W. Dr. M.L.K., Jr., Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Chawk, Gary	
STREET ADDRESS	3003 W. Dr. M.L.K., Jr., Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Diwacker, Vijay, M.D.	
STREET ADDRESS	701 W. Dr. M.L.K., Jr., Blvd., Ste. 3	
CITY-ST-ZIP	Tampa, FL 33603	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Mendez, Ovidio, M.D.	
13. STREET ADDRESS	3222 Azeele Street	
14. CITY-ST-ZIP	Tampa, FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Mezzrah, Jack, M.D.	
23. STREET ADDRESS	2708 Azeele Street	
24. CITY-ST-ZIP	Tampa, FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Scott, Charles F.	
33. STREET ADDRESS	3003 W. Dr. M.L.K., Jr., Blvd.	
34. CITY-ST-ZIP	Tampa, FL 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *John Beibel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (813) 870-4240  
Date Day/Time/Phone #

CR2E034 (12/95)