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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000041577 (4)

1. Corporation Name

ST. JOSEPH'S HEALTH NETWORK, INC.

Principal Place of Business

Mailing Address

3003 W DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607

P.O. BOX 4227
TAMPA FL 33677-4227

3. Date Incorporated or Qualified
05/26/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALLAH, ISAAC
3003 W DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607

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 607.0501, Florida Statutes.

SIGNATURE

Isaac Mallah

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

NAME ROSENTHAL, TODD M.D.
STREET ADDRESS 8004-A N. ARMENIA AVENUE
CITY-ST-ZIP TAMPA FL 33604

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME PITISCI, GILBERT M.D.
STREET ADDRESS 303 W. DR. M.L.K., JR.. BLVD.
CITY-ST-ZIP TAMPA FL 33604

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME MALLAH, ISSAC
STREET ADDRESS 3003 W DR. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP TAMPA FL 33607

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME CHAWK, GARY
STREET ADDRESS 3003 W DR. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP TAMPA FL 33607

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SCOTT, CHARLES F
STREET ADDRESS 3003 W DR. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP TAMPA FL 33607

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DIWADKER, VIJAY M.D.
STREET ADDRESS 701 W. DR. M.L.K., JR., BLVD. STE.3
CITY-ST-ZIP TAMPA FL 33603

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE

Isaac Mallah

CP2E034 (9/96)