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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S37447** (7)

1. Corporation Name
ST. JOSEPH'S PREFERRED, INC.



Principal Place of Business: **3003 W. DR. MARTIN L. KING JR. BLVD. TAMPA FL 33607 US**
Mailing Address: **3003 W. DR. MARTIN L. KING JR. BLVD TAMPA FL 33607 US**

3. Date Incorporated or Qualified: **03/13/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3055643**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **BIEBEL, JOHN 3003 W. DR. MARTIN L. KING JR. BLVD. TAMPA FL 33607**
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (85).

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.050, Florida Statutes.

SIGNATURE: *John Biibel* (Signature, block or printed name of registered agent, and date if applicable) DATE: _____ (NOT: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE: D | NAME: CERNUDA, CHARLES E., M.D. STREET ADDRESS: 4900 N. HABANA AVE TAMPA FL | 1.1 TITLE: Chairman and Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: VD | NAME: BIEBEL, JOHN STREET ADDRESS: 3003 DR. MLK, JR. BLVD. TAMPA FL | 2.1 TITLE: Director Only | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: STD | NAME: MALLAH, ISAAC STREET ADDRESS: 3003 DR. MLK, JR. BLVD. TAMPA FL | 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD | NAME: AGLIANO, DENNIS S., M.D. STREET ADDRESS: 4800 N. HABANA AVE TAMPA FL | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: P/D | NAME: Pitisci, Gilbert, M.D. STREET ADDRESS: 3003 W. Dr. M.L.K., Jr., Blvd. Tampa, FL 33607 | 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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PM 5-1-96

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 Biibel* DATE: **4/30/96** DUSTIN'S PHONE #: **(813) 870-4240**

CR2E034 (12/95)