


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90391 038 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S37447					
1. Entity Name ST. JOSEPH'S PREFERRED, INC.					
Principal Place of Business 3001 W. DR. MARTIN L. KING JR. BLVD. TAMPA, FL 33607 US			Mailing Address 3001 W. DR. MARTIN L. KING JR. BLVD. ATTN: ISAAC MALLAH TAMPA, FL 33607 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3055643	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MALLAH, ISAAC 3001 W. DR. MARTIN L. KING JR. BLVD. TAMPA, FL 33607			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MALLAH, ISAAC	NAME	LUTTON, LORRAINE		
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD		
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	TAMPA, FL 33607		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PITISCI, GILBERT	NAME	VALLER, MARK, MD		
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD		
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	TAMPA, FL 33607		
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCE, LANE	NAME			
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, M.D., ALLEN	NAME			
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Isaac Mallah</i>			Date: 4-26-05 (813) 870-4020		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Isaac Mallah			Daytime Phone #		

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