

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37447

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ST. JOSEPH'S PREFERRED, INC.

**Current Principal Place of Business:**

3001 W. DR. MARTIN L. KING JR. BLVD.  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

3001 W. DR. MARTIN L. KING JR. BLVD.  
ATTN: ISAAC MALLAH  
TAMPA, FL 33607 US

**New Mailing Address:**

FEI Number: 59-3055643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALLAH, ISAAC  
3001 W. DR. MARTIN L. KING JR. BLVD.  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: MALLAH, ISAAC  
Address: 3001 W DR MARTIN LUTHER KING JR BLVD  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: LUTTON, LORRAINE  
Address: 3001 W DR MARTIN LUTHER KING JR BLVD  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: VAALER, MARK MD  
Address: 3001 W DR MARTIN LUTHER KING JR BLVD  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE D. LAMB, GENERAL COUNSEL  
\_\_\_\_\_ Electronic Signature of Signing Officer or Director

GC

04/28/2009

\_\_\_\_\_ Date