## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

## S37447 **DOCUMENT #**

1. Entity Name

ST. JOSEPH'S PREFERRED, INC.



Principal Place of Business Mailing Address 3001 W. DR. MARTIN L. KING JR. BLVD. 3001 W. DR. MARTIN L. KING JR. BLVD TAMPA FL 33607 ATTN: ISAAC MALLAH **TAMPA FL 33607** US 2. Principal Place of Business 3. Mailing Address Strite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3055643 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MALLAH, ISAAC Street Address (P.O. Box Number is Not Acceptable) 3001 W. DR. MARTIN L. KING JR. BLVD. **TAMPA FL 33607** City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD ☐ Delete TITLE Change ☐ Addition MALLAH, ISAAC NAME 3001 W DR MARTIN LUTHER KING JR BLVD STREET ADDRESS TAMPA FL 33607 CITY-ST-ZIP **VPD** ☐ Delete TITLE ☐ Change ☐ Addition PITISCI, GILBERT NAME 3001 W DR MARTIN LUTHER KING JR BLVD STREET ADDRESS TAMPA FL 33607 CITY-ST-ZIP STD ☐ Delete TITLE ☐ Change ☐ Addition FRANCE, LANE NAME 3001 W DR MARTIN LUTHER KING JR BLVD STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP PD ☐ Delete TITLE ☐ Change ☐ Addition MILLER, M.D., ALLEN 3001 W DR MARTIN LUTHER KING JR BLVD STREET ADDRESS **TAMPA FL 33607** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP

## FILED

04-28-2003 90985 011 \*\*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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.

CONTROL SUMBED, Isaac Mallah, April 24, 2003

Daytime Phone #