


FILE NOW: FILING FEE IS \$61.25

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**Feb 29 1996 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 705193 (1)
1. Corporation Name
MERCY HOSPITAL, INC.



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| Principal Place of Business 3663 S MIAMI AVE MIAMI FL 33133 | Mailing Address 3663 S MIAMI AVE MIAMI FL 33133 |
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| 3. Date Incorporated or Qualified 02/13/1963 | 3a. Date of Last Report 02/09/1995 |
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|---|--|---------------------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 59-0791034 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent ROSASCO, EDWARD J JR. 3663 S. MIAMI AVE. MIAMI FL 33133 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RISTON, DEBORAH L. 3600 N.W. 82 AVENUE MIAMI FL <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GONZALEZ, SISTER EDITH 6081 S.W. 21ST STREET MIAMI FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD WORLEY, SISTER ELIZABETH 3663 SOUTH MIAMI AVENUE MIAMI FL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUAREZ, DR. MIGUEL 3661 S. MIAMI AVE. #901 MIAMI FL <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOOD, SISTER ANN RAYMOND 241 ST GEORGE ST ST AUGUSTINE FL <input checked="" type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROSASCO, JR. EDWARD J. 3663 SOUTH MIAMI AVE. MIAMI FL <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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See Appended document

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)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sister Elizabeth Anne Worley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sister Elizabeth Anne Worley, S.S.J., Chairperson

Date **2/21/96** Daytime Phone # **(305)285-2121**

CP2E037 (12/95)

565-22-96

ADDITIONAL MERCY HOSPITAL, INC. BOARD MEMBERS

1996

Vice Chairperson/Secretary

Sister Mary Christine Zimorski, S.S.J.
St. Mary's Convent
181 N.W. 74 Street
Miami, Florida 33150

Director

Lucille Mercadante
10300 S. W. 120 Street
Miami, Florida 33176

Treasurer

Richard Montalbano
Senior Vice President
William R. Hough & Co.
100 S. E. 2nd Street
Miami, Florida 33131

Director

Dorothy Norton
Director, Customer Relations & Sales
Florida Power & Light Company
9250 West Flagler Street
Miami, Florida 33174

Director

Sister Florence Bryan, S.S.J.
St. Joseph Convent
241 St. George Street
St. Augustine, Florida 32084

Director

Jose J. Noy, M.D.
3661 South Miami Avenue
Suite 306
Miami, Florida 33133

Director

Merrill Clark Cook, Jr.
Executive Director
Miami Parking Systems
190 N. E. 3 Street
Miami, Florida 331323

Director

Kyriacos Pefkaros, M.D.
3661 South Miami Avenue
Suite 806
Miami, Florida 33133

Director

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St. Joseph Convent
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St. Augustine, Florida 32084

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Julio C. Pita, M.D.
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Director

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Frank Soler
Publisher/Editor
Miami Mensual
104 South Crandon Blvd.
Key Biscayne, Florida 33149

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Pedro Martin
Greenberg, Traurig, Hoffman, Rosen
Lipoff & Quentel, P.A.
1221 Brickell Avenue, 22nd Floor
Miami, Florida 33131

Director

Cristobal Viera, M.D.
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