


FILE NOW: FILING FEE IS \$61.25

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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90078 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 705193		1. Corporation Name MERCY HOSPITAL, INC.	
Principal Place of Business 3663 South Miami Avenue Miami FL 33133		Mailing Address 3663 South Miami Avenue Miami FL 33133	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/13/1945
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0791034
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>
24 Country	29 Country	30 \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		31 \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Fishman, Lewis W 9130 South Dadeland Blvd Suite 1121 Miami, FL 33156		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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	C/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORLEY, ELIZABETH ANNE SR.	1.2 NAME	
STREET ADDRESS	3663 SOUTH MIAMI AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	V/S/D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMORSKI, CHRISTINE SR.	2.2 NAME	GONZALEZ, EDITH SR.
STREET ADDRESS	3665 SOUTH MIAMI AVENUE	2.3 STREET ADDRESS	3663 SOUTH MIAMI AVENUE
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALBANO RICHARD	3.2 NAME	
STREET ADDRESS	100 SECOND AVE SOUTH #800	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	P/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSASCO, EDWARD JR.	4.2 NAME	
STREET ADDRESS	3663 SOUTH MIAMI AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, FLORENCE SR?	5.2 NAME	
STREET ADDRESS	241 ST GEORGE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, DOROTHY	6.2 NAME	
STREET ADDRESS	6400 CABALLERO BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Elizabeth Anne Worley* Sr. Elizabeth Anne Worley SSJ 3/24/99 (305) 285-2127
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #