

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90046 031 ****61.25

DOCUMENT # 705193

1. Entity Name

MERCY HOSPITAL, INC.

Principal Place of Business

Mailing Address

**3663 S MIAMI AVE
 MIAMI FL 33133**

**3663 S MIAMI AVE
 MIAMI FL 33133**

507970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0791034

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSASCO, EDWARD J JR.
 3663 S. MIAMI AVE.
 MIAMI FL 33133**

Name

John E. Matuska

Street Address (P.O. Box Number is Not Acceptable)

3663 South Miami Avenue

City

Miami

FL

Zip Code
33133

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.

SIGNATURE

John E. Matuska

John E. Matuska

02/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** Delete
 NAME **WORLEY, ELIZABETH SSJ**
 STREET ADDRESS **3663 S. MIAMI AVENUE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** Delete
 NAME **GONZALEZ, EDITH SR.**
 STREET ADDRESS **3663 S. MIAMI AVENUE**
 CITY-ST-ZIP **MIAMI-FL 33133**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MONTALBANO, RICHARD**
 STREET ADDRESS **100 SECOND AVE. S.**
 CITY-ST-ZIP **TAMPA FL 33701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **ROSASCO, EDWARD J JR**
 STREET ADDRESS **3663 S. TAMAMI AVENUE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **PD** Change Addition
 NAME **John E. Matuska**
 STREET ADDRESS **3663 South Miami Avenue**
 CITY-ST-ZIP **Miami, FL 33133**

TITLE **D** Delete
 NAME **BRYAN, FLORENCE SSJ**
 STREET ADDRESS **241 ST. GEORGE STREET**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NORTON, DOROTHY**
 STREET ADDRESS **8400 CABALLERO BLVD.**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
 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 617, 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:

John E. Matuska

REQUIRED John E. Matuska

02/15/02

(305) 285-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)