

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:21

DOCUMENT # 737111 (5)

1. Corporation Name

MERCY HOSPITAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1976	3a. Date of Last Report 02/02/1994
4. FEI Number 59-1709438	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
3663 SOUTH MIAMI AVENUE MIAMI FL 33133		3663 SOUTH MIAMI AVENUE MIAMI FL 33133	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSASCO, EDWARD J. JR. 3663 SOUTH MIAMI AVENUE MIAMI FL 33133		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	JOSE VALDES-FAULI	1.2 NAME	F. OTTO BUSOT
STREET ADDRESS	868 PONE DE LEON BOULEVARD	1.3 STREET ADDRESS	550 BILTMORE AVE
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPD	2.1 TITLE	☒ Change ☐ Addition
NAME	F. OTTO BUSOT	2.2 NAME	VICTOR C. BALESTER
STREET ADDRESS	100 S.E. 2ND STREET, 16 FLOOR	2.3 STREET ADDRESS	1395 BRICKELL AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	RICHARD J. FEINSTEIN	3.2 NAME	SIGFREDO BIRRIEL
STREET ADDRESS	3659 S. MIAMI AVENUE 1005	3.3 STREET ADDRESS	150 SE 3 AVE, 4th FL
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD	4.1 TITLE	☒ Change ☐ Addition
NAME	JULIO GARCIA	4.2 NAME	CONSTANTINO PERA, MD
STREET ADDRESS	3661 S. MIAMI AVE 303	4.3 STREET ADDRESS	3663 SOUTH MIAMI AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 of this report, or on an attachment with an address.

SIGNATURE:

Constantino Pera
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

CONSTANTINO PERA, MD 2/7/95 (225) 221-2131