

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737111

1. Entity Name

MERCY HOSPITAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

3663 SOUTH MIAMI AVENUE
MIAMI FL 33133

3663 SOUTH MIAMI AVENUE
MIAMI FL 33133-4253

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1709438

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 SOUTH MIAMI AVENUE
MIAMI FL 33133

Name

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

City

FL

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.

SIGNATURE

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 PD ☐ Delete
NAME ALVAREZ, JOSE M
STREET ADDRESS 2500 NW 79TH AVE
CITY-ST-ZIP MIAMI FL 33122

TITLE VPD ☒ Delete
NAME LOPEZ, RAUL P
STREET ADDRESS 1401 BRICKELL AVE. STE. 1400
CITY-ST-ZIP MIAMI FL 33131

TITLE TD ☐ Delete
NAME MCGRATH, PATRICK
STREET ADDRESS 100 SE 2ND ST
CITY-ST-ZIP MIAMI FL 33131

TITLE SD ☒ Delete
NAME ECHENIQUE, JORGE E MD
STREET ADDRESS 2931 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐
NAME LUIS VILLA, JR., M.D.
STREET ADDRESS 3661 SOUTH MIAMI AVE SUITE 3
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐
NAME JOHN D. MARSHALL, MD
STREET ADDRESS MERCY HOSPITAL
CITY-ST-ZIP 3663 SOUTH MIAMI AVE MIAMI FL 33131

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90048 048 ****70.00

00016403

DO NOT WRITE IN THIS SPACE

SIGNATURE: *JOHN D. MARSHALL, MD* 2/3/00 (305) 285-27