

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90016 017 ****70.00

DOCUMENT # 737111

1. Entity Name

MERCY HOSPITAL FOUNDATION, 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-1709438

Applied For
Not Applicable

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

MATUSKA, JOHN
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **BIRRIEL, SIGFREDO**
CITY-ST-ZIP **100 SE 2ND ST #1500**
MIAMI FL 33131

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **BALESTRA, VICTOR**
CITY-ST-ZIP **ESPIRITO SANTO BANK 1395 BRICKELL AVE**
MIAMI FL 33131

TITLE ☒ Delete
NAME **VCD**
STREET ADDRESS **MARSHALL, JOHN D**
CITY-ST-ZIP **MERCY HOSPITAL 3663 SOUTH MIAMI AVE**
MIAMI FL 33131

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **MCGRATH, PATRICK**
CITY-ST-ZIP **13425 SW 66 AVE**
MIAMI FL 33156

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ROMANO BROWN, JOSIE**
CITY-ST-ZIP **3663 SOUTH MIAMI AVE**
MIAMI FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **VCD**
STREET ADDRESS **ZISKIND, JAY**
CITY-ST-ZIP **3471 MAIN HIGHWAY, #517**
COCONUT GROVE, FL 33133

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

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

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 exemptions contained in Section 119, 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:

Jose Bernabe Braver

2/18/08