

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90062 006 \*\*\*\*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**

**90007346**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**ROSASCO, EDWARD J. JR.  
3663 SOUTH MIAMI AVENUE  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **ROMANO BROWN, JOSIE**

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. 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**

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 **CD**  
NAME **VILLA, LUIS JR MD** ☐ Delete  
STREET ADDRESS **3661 SOUTH MIAMI AVE STE 301**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VCD**  
NAME **BALESTRA, VICTOR C** ☐ Delete  
STREET ADDRESS **ESPIRITO SANTO BANK 999 BRICKELL AVE.**  
CITY-ST-ZIP **MIAMI FL 33131**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **ROMANO BROWN, JOSIE**  
CITY-ST-ZIP **3663 SOUTH MIAMI AVE  
MIAMI, 33133**

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 689, 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:

*Josie Romano Brown*

**JOSIE ROMANO BROWN**

**1/7/2003 305-285-2711**

CR2E037 (10/02)