

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000000590 (0)

1. Corporation Name

MERCY HOSPITAL PHO, INC.



Principal Place of Business 3663 SOUTH MIAMI AVE. MIAMI FL 33133	Mailing Address 6303 BLUE LAGOON DR STE 225 MIAMI FL 33126 US
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3. Date Incorporated or Qualified 02/10/1993	3a. Date of Last Report 08/08/1995
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26. 15500 NEW BARN RD 27. #101 28. MIAMI LAKES, FL 29. 33014 30. USA
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4. FEI Number 65-040802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROSASCO, EDWARD J JR.
3663 SOUTH MIAMI AVE.
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSASCO, EDWARD J JR.	
STREET ADDRESS	3663 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSE, MICHAEL S	
STREET ADDRESS	3663 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MASHBURN, JERRY	
STREET ADDRESS	3663 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WORLEY, ELIZABETH A	
STREET ADDRESS	3663 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, RAUL	
STREET ADDRESS	3663 S. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAZ, JORGE	
STREET ADDRESS	2 S. BISCAYNE BLVD., SUITE 2900	
CITY-ST-ZIP	MIAMI FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 119.07(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, changed, or in an attachment with an address.

SIGNATURE: _____ DATE: 305-285-2121
EDWARD J. ROSASCO, JR. DAYTIME PHONE # CS 5/1/96

CR2E037 (12/95)

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ATTACHMENT TO MERCY HOSPITAL PHO, INC. REPORT

D
Rolando De Leon, M.D.
Mercy Outpatient Center
Suite #5005
Miami, Florida 33133

D
Gabriel A. Costa, M.D.
Mercy Outpatient Center
Suite #4001
Miami, Florida 33133

D, C
Pedro Jose Greer, Jr., M.D.
Chairman
3661 S. Miami Avenue, #805
Miami, FL 33133

D
Wilfredo Gonzalez, M.D.
7500 SW 8th Street
Coral Gables, FL 33144

D, S
Miguel Machado, M.D.
Mercy Outpatient Center
Suite #5008
Miami, FL 33133

D
Raul I. Tano, M.D.
Mercy Professional Bldg.
Suite #904
Miami, FL 33133

D
Deborah L. Riston
Ryder Systems, Inc.
3600 NW 82 Avenue
Miami, FL 33166

D
Cristobal Viera, M.D.
Mercy Professional Bldg.
Suite #202
Miami, FL 33133