

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

15500 NEW BARN RD
#101
MIAMI LAKES FL 33014

15500 NEW BARN RD
#101
MIAMI LAKES FL 33014-2177

3. Date Incorporated or Qualified
02/10/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 3663 SOUTH MIAMI AVE

26 MERCY HOSPITAL

22 MERCY HOSPITAL

27 3663 SOUTH MIAMI AVE

23 MIAMI FLA

28 MIAMI FLA.

24 33133 USA

29 33133 USA

4. FEI Number
65-0400802

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSASCO, EDWARD J JR.
3663 SOUTH MIAMI AVE.
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME ROSASCO, EDWARD J JR.
STREET ADDRESS 3663 S. MIAMI AVE.
CITY-ST-ZIP MIAMI FL 33133

1.1 TITLE D Change Addition
1.2 NAME Julio Pita, M.D.
1.3 STREET ADDRESS 3659 S. Miami Ave., Suite 6008
1.4 CITY-ST-ZIP Miami, FL 33133

TITLE D DELETE
NAME ROSE, MICHAEL S
STREET ADDRESS 3663 S. MIAMI AVE.
CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE D Change Addition
2.2 NAME Cristobal Viera, M.D.
2.3 STREET ADDRESS 3661 South Miami Ave., Suite 202
2.4 CITY-ST-ZIP Miami, FL 33133

TITLE DT DELETE
NAME MASHBURN, JERRY
STREET ADDRESS 3663 S. MIAMI AVE.
CITY-ST-ZIP MIAMI FL

3.1 TITLE D Change Addition
3.2 NAME Jose Basagoitia, M.D.
3.3 STREET ADDRESS 3661 South Miami Avenue, Suite 705
3.4 CITY-ST-ZIP Miami, FL 33133

TITLE D DELETE
NAME WORLEY, ELIZABETH A
STREET ADDRESS 3663 S. MIAMI AVE.
CITY-ST-ZIP MIAMI FL 33133

4.1 TITLE D Change Addition
4.2 NAME Jose Noy, M.D.
4.3 STREET ADDRESS 3661 South Miami Avenue, Suite 306
4.4 CITY-ST-ZIP Miami, FL 33133

TITLE D DELETE
NAME LOPEZ, RAUL
STREET ADDRESS 3663 S. MIAMI AVE
CITY-ST-ZIP MIAMI FL

5.1 TITLE D Change Addition
5.2 NAME Rafael Mas, M.D.
5.3 STREET ADDRESS 3659 S. Miami Avenue, Suite 6002
5.4 CITY-ST-ZIP Miami, FL 33133

TITLE D DELETE
NAME DIAZ, JORGE
STREET ADDRESS 2 S. BISCAYNE BLVD., SUITE 2900
CITY-ST-ZIP MIAMI FL 33131

6.1 TITLE D Change Addition
6.2 NAME Raul Tano, M.D.
6.3 STREET ADDRESS 3661 South Miami Avenue, Suite 704
6.4 CITY-ST-ZIP Miami, FL 33133

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE (Edward J. Rosasco)

4/29/97 (305) 285-2121

CR2E037 (9/96)