

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

98 NOV 30 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N93000000590**  
1. Corporation Name  
**MERCY HOSPITAL PHO, INC.**

Principal Place of Business Mailing Address  
3663 SOUTH MIAMI AVE  
MERCY HOSPITAL  
MIAMI FL 33133  
US  
MERCY HOSPITAL  
3663 SOUTH MIAMI AVE  
MIAMI FL 33133  
US



**REINSTATEMENT** 95  
4. Date Incorporated or Qualified To Do Business in Florida **02/10/1993**  
5. FEI Number **65-0400802**  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
DP	ROSASCO, EDWARD J JR.	3663 S. MIAMI AVE.	MIAMI FL 33133
<del>D</del>	<del>ROSE, MICHAEL S</del>	<del>3663 S. MIAMI AVE.</del>	<del>MIAMI FL 33133</del>
DT	MASHBURN, JERRY	3663 S. MIAMI AVE.	MIAMI FL 33133
D	WORLEY, ELIZABETH A	3663 S. MIAMI AVE.	MIAMI FL 33133
D	LOPEZ, RAUL	3663 S. MIAMI AVE	MIAMI FL 33133
<del>D</del>	<del>DIAZ, JORGE</del>	<del>2 S. BISCAYNE BLVD., SUITE 2900</del>	<del>MIAMI FL 33131</del>

8. Name and Address of Current Registered Agent  
~~ROSASCO, EDWARD J JR.~~  
~~3663 SOUTH MIAMI AVE.~~  
~~MIAMI FL 33133~~

9. Name and Address of New Registered Agent  
Name **LEWIS FISHMAN**  
Street Address (P.O. Box Number is Not Acceptable) **9130 S DADELAND BLVD**  
Suite, Apt. #, Etc. **1121**  
City **MIAMI** State **FL** Zip Code **33156**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent *[Signature]* Date **11/24/98**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No   
(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **EDWARD J ROSASCO JR** Date **11/24/98** Daytime Phone # **(305) 285-2121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED04 (9/96)