


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90275 014 \*\*\*\*61.25

**DOCUMENT # N93000000590**

1. Entity Name  
**MERCY HOSPITAL PHO, INC.**



Principal Place of Business  
 1330 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145 US

Mailing Address  
 1330 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145 US

94062737



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

04012004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**FISHMAN, LEWIS**  
**9130 S DADELAND BLVD**  
**1121**  
**MIAMI, FL 33156**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-ESTRADA, HERMINIO MD 2601 SW 37TH AVENUE, SUITE 803 MIAMI, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITA, JULIO C M.D. 3659 S. MIAMI AVENUE, SUITE 6008 MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SURUJON, ESTHER 1330 CORAL WAY, SUITE 200 MIAMI, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, GABRIEL M.D. 3659 S. MIAMI AVENUE, SUITE 4001 MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lopez, Leonardo V. M.D. 2601 SW 37 Ave, Suite 701 Miami, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mas, Rafael M.D. 3181 Coral Way Miami, FL 33145 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moas, Carlos M.D. 5000 University Drive Coral Gables, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D De Armendi, Fernando MD 3661 S. Miami Ave Suite 503 Miami, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Figarola, Oscar M.D. 701 N.W. 57 Ave Suite 380 Miami, FL 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sabates, Mario A. M.D. 1385 Coral Way, Third Floor Miami, FL 33145 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my full power.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #