

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90053 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000060186 (9)**

1. Corporation Name
MERCYHEALTH, INC.

Principal Place of Business: 3663 South Miami Avenue, Miami, FL 33133
 Mailing Address: 3663 South Miami Avenue, Miami FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/96

4. FEI Number: 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 owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 County 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
KNAPP PINNAS, SUSAN
3663 SOUTH MIAMI AVENUE
MIAMI FL 33133

10. Name and Address of New Registered Agent
 81 Name: **Lewis W Fishman**
 82 Street Address (P.O. Box Number is Not Acceptable): **9130 South Dadeland Blvd**
 83 **Suite 1121**
 84 City: **Miami** 85 Zip Code: **FL 33156**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Lewis W. Fishman** 3/24/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VIERA, CRISTOBAL E. M.D.	
STREET ADDRESS	3661 S. MIAMI AVE #202	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOY, JOSE M.D.	
STREET ADDRESS	3661 S MIAMI AVENUE #306	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASAGOITIA, JOSE S. M.D.	
STREET ADDRESS	3661 S MIAMI AVE #705	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITA, JULIOG. M.D.	
STREET ADDRESS	3659 S MIAMI AVENUE #6008	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAS RAFAEL M.D.	
STREET ADDRESS	3659 S MIAMI AVENUE #602	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	<input 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	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached exhibit with an address, with all other like employees.

SIGNATURE: *[Signature]* **Julio Pita, M.D.** 3/24/99 (305) 285-2172
 Signature and typed or printed name of signing officer or director Date (daytime Phone #

CR2E034 (1/98)