

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90033 025 ***150.00

DOCUMENT # P96000060186

1. Entity Name

MERCYHEALTH, INC.

Principal Place of Business

Mailing Address

3663 S MIAMI AVE
 MIAMI FL 33133
 US

3663 S MIAMI AVE
 MIAMI FL 33133-4253
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHMAN, LEWIS W
9130 S DADELAND BLVD
STE 1121
MIAMI FL 33156

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|----------|-------------------------|----------------------------|-----------------|---------------------------------|
| D | VIERA, CRISTOBAL E M.D. | 3661 S. MIAMI AVENUE #202 | MIAMI FL 33133 | <input type="checkbox"/> |
| D | NOY, JOSE J M.D. | 3661 S. MIAMI AVENUE #306 | MIAMI FL 33133 | <input type="checkbox"/> |
| D | BASAGOITIA, JOSE S M.D. | 3661 S. MIAMI AVENUE #705 | MIAMI FL 33133 | <input type="checkbox"/> |
| D | PITA, JULIO C M.D. | 3659 S. MIAMI AVENUE #6008 | MIAMI FL 33133 | <input type="checkbox"/> |
| D | MAS, RAFAEL MD | 3659 S MIAMI AVE #602 | MIAMI FL 33133 | <input type="checkbox"/> |
| DIRECTOR | GABRIEL COSTA, MD | 3659 S. MIAMI AVE, # 4001 | MIAMI, FL 33133 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------------------------|-------------------------|-------------------------------|-----------------|---------------------------------|--|
| DIRECTOR | EDWARD ROSASCO, JR | 3663 SOUTH MIAMI AVE. | MIAMI, FL 33133 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DIRECTOR | JERRY MASHBURN | 3663 SOUTH MIAMI AVE | MIAMI, FL 33133 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DIRECTOR | SR. ELIZABETH ANN WOLEY | 3663 SOUTH MIAMI AVE. | MIAMI, FL 33133 | <input type="checkbox"/> | <input type="checkbox"/> |
| DIRECTOR | LEWIS FISHMAN, ESQ. | 3663 SOUTH MIAMI AVE. | MIAMI, FL 33133 | <input type="checkbox"/> | <input type="checkbox"/> |
| PRESIDENT + CEO | DONNA S. REYNOLDS | 3663 SOUTH MIAMI AVE. #3718 | MIAMI, FL 33133 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CHIEF FINANCIAL OFFICER | ESTHER SURUJON - WINER | 3663 SOUTH MIAMI AVE., # 3718 | MIAMI, FL 33133 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ESTHER SURUJON

3/22/00

(305)
860-4728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)