

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

0157133

**DOCUMENT # P96000060186**

1. Entity Name  
**MERCYHEALTH, INC.**

06-04-2001 90002 043 \*\*\*550.00

Principal Place of Business <b>3663 S MIAMI AVE          MIAMI FL 33133          US</b>	Mailing Address <b>3663 S MIAMI AVE          MIAMI FL 33133          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>66-0787116</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  
**FISHMAN, LEWIS W  
 9130 S DADELAND BLVD  
 STE 1121  
 MIAMI FL 33156**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT 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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA-ESTRADA, HERMINIO, M.D.</b> <b>2601 SW 37th Avenue</b> <b>Miami, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>SURUJON, ESTHER</b> <b>3663 S. Miami Avenue # 3718</b> <b>Miami, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WORLEY, ELIZABETH A.</b> <b>3663 S. Miami Avenue</b> <b>Miami, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSASCO, EDWARD J JR.</b> <b>3663 S. Miami Avenue</b> <b>Miami, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MASHBURN, JERRY</b> <b>3663 S. Miami Avenue</b> <b>Miami, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANTON, MANUEL, M.D.</b> <b>3663 S. Miami Avenue</b> <b>Miami, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 empowers.

SIGNATURE: **Esther SURUJON** Date: **5/30/01** Daytime Phone #: **(305) 285-2172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)