

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90360 025 \*\*\*150.00

**DOCUMENT # P96000060186**

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

Principal Place of Business

**3663 S MIAMI AVE  
 MIAMI FL 33133  
 US**

Mailing Address

**3663 S MIAMI AVE  
 MIAMI FL 33133  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0787116**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FISHMAN, LEWIS W  
 9130 S DADELAND BLVD  
 STE 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.

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, 2002 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	<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>WORLEY, ELIZABETH A</b> <b>3663 S MIAMI AVENUE</b> <b>MIAMI FL 33133</b>	<input 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, RAGAEI 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>MASHBURN, JERRY</b> <b>3663 S MIAMI AVENUE</b> <b>MIAMI FL 33133</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SABATES, MARIO MD</b> <b>1385 Coral Way #3rd Floor</b> <b>Miami, FL 33145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE LEON, ROLANDO MD</b> <b>3459 S. Miami Ave #5005</b> <b>Miami FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOPEZ, LEONARDO MD</b> <b>2901 SW 37 AVE #701</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>FIGAROLA, OSCAR MD</b> <b>701 N.W. 57 AVE #380</b> <b>Miami FL 33126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA-ESTRADA, HERMINIO MD</b> <b>2901 SW 37 AVE #701</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>HUERTAS, ENRIQUE MD</b> <b>1831 N.W. 7 St.</b> <b>Miami, FL 33125</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 empowered.

SIGNATURE:

**ESTHER REYES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SURUYON**

**4/10/02**

**(305)**

**285-2172**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
B0089872

**DOCUMENT #: P96000060186**

**MercyHealth, Inc.**

**Item #12 (continued)**

Lewis Fishman – D  
9130 S. Dadeland Boulevard #1121  
Miami, FL 33156

John E. Matuska – D  
3663 S. Miami Avenue  
Miami, FL **33133**

Manuel Anton, MD – D  
3663 S. Miami Avenue  
Miami, FL **33133**

Gabriel Costa, MD – D  
3659 S. Miami Avenue #4001  
Miami, FL **33133**

Esther Surujon – P  
3663 S. Miami Avenue #3718  
Miami, FL **33133**