

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90242 033 ****61.25

DOCUMENT # 705193

1. Entity Name
MERCY HOSPITAL, INC.



Principal Place of Business

**3663 S MIAMI AVE
MIAMI FL 33133**

Mailing Address

**3663 S MIAMI AVE
MIAMI FL 33133**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0791034**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATUSKA, JOHN E
3663 S. MIAMI AVE.
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **Lewis W. Fishman**
Street Address (P.O. Box Number is Not Acceptable)
9130 South Dadeland Blvd
Suite **1121**
City **Miami** **FL** Zip Code **33156**

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 **Lewis W. Fishman** 01/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	CD	<input type="checkbox"/> Delete
NAME	WORLEY, ELIZABETH SSJ	
STREET ADDRESS	3663 S. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDITH SR.	
STREET ADDRESS	3663 S. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MONTALBANO, RICHARD	
STREET ADDRESS	100 SECOND AVE. S.	
CITY-ST-ZIP	TAMPA FL 33701	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MATUSKA, JOHN E	
STREET ADDRESS	3663 SOUTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, FLORENCE SSJ	
STREET ADDRESS	241 ST. GEORGE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, DOROTHY	
STREET ADDRESS	6400 CABALLERO BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marley, David	
STREET ADDRESS	1501 Venera Ave	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kuhn, Ann SSJ	
STREET ADDRESS	241 St. George Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10 Edgewater Drive	
CITY-ST-ZIP	Coral Gables, FL 33133	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Elizabeth Anne Worley, SSJ** 01/22/03 (305) 285-2121

CR2E037 (10/02)