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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737111 (5)

1. Corporation Name  
MERCY HOSPITAL FOUNDATION, INC.



Principal Place of Business Mailing Address  
3663 SOUTH MIAMI AVENUE MIAMI FL 33133  
3663 SOUTH MIAMI AVENUE MIAMI FL 33133-4253

3. Date Incorporated or Qualified 10/19/1976  
3a. Date of Last Report 04/23/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1709438	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ROSASCO, EDWARD J. JR. 3663 SOUTH MIAMI AVENUE MIAMI FL 33133		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BUSOT, F OTTO	1.2 NAME	GARCIA, Julio M. M.D
STREET ADDRESS	550 BILTMORE AVE	1.3 STREET ADDRESS	3661 SOUTH MIAMI AVE SUITE 303
CITY-ST-ZIP	CORAL GABLES FL 33133	1.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VPD	2.1 TITLE	VPD
NAME	BALESTRA, VICTOR C	2.2 NAME	ALVAREZ, JOSE M.
STREET ADDRESS	1395 BRICKELL AVE	2.3 STREET ADDRESS	2500 N.W. 79TH AVE
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	TD	3.1 TITLE	TD
NAME	BIRRIEL, SIGFREDO	3.2 NAME	Perez Lopez, RAUL
STREET ADDRESS	100 SE 2 ST. 15TH FLOOR	3.3 STREET ADDRESS	1401 BRICKELL AVE SUITE 1400
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	MIAMI, FL 33121
TITLE	SD	4.1 TITLE	
NAME	CONSTANTINO, PENA MD	4.2 NAME	
STREET ADDRESS	3663 S MIAMI AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an statement with an address.

SIGNATURE *Constantino Pena* *Constantino E Pena M.D* 1/17/97

CR2E037 (9/96)