


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 047 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 737111 1. Corporation Name MERCY HOSPITAL FOUNDATION, INC.		
Principal Place of Business 3663 SOUTH MIAMI AVENUE MIAMI FL 33133	Mailing Address 3663 SOUTH MIAMI AVENUE MIAMI FL 33133	

604902 - 90006 - 47 2 *



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/19/1976
Suite, Apt. #., etc. 22	Suite, Apt. #., etc. 27	4. FEI Number 59-1709438
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, CONSTANTINO E MD	1.2 NAME	ALVAREZ, JOSE M
STREET ADDRESS	3663 SO MIAMI AVE	1.3 STREET ADDRESS	2500 N.W. 79TH AVE
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JOSE M	2.2 NAME	LOPEZ, RAUL PEREZ
STREET ADDRESS	2500 NW 79TH AVE	2.3 STREET ADDRESS	1401 BRICKELL AVE SUIT 1400
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, RAUL PEREZ	3.2 NAME	MCGRATH, PATRICK
STREET ADDRESS	1401 BRICKELL AVE, STE 1400	3.3 STREET ADDRESS	80 S.E. 2ND ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHENIQUE, JORGE E MD	4.2 NAME	
STREET ADDRESS	2931 CORAL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE M ALVAREZ EXECUTIVE DIRECTOR 7/19/99 (305) 285-2711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003593

CR2E037 (5/99)