

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90048 048 \*\*\*\*70.00

**DOCUMENT # 737111**

1. Entity 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**

00016403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1709438**

Applied

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSASCO, EDWARD J. JR.  
 3663 SOUTH MIAMI AVENUE  
 MIAMI FL 33133**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: ALVAREZ, JOSE M  Delete  
 STREET ADDRESS: 2500 NW 79TH AVE  
 CITY-ST-ZIP: MIAMI FL 33122

TITLE: VPD  Delete  
 NAME: LOPEZ, RAUL P  
 STREET ADDRESS: 1401 BRICKELL AVE. STE. 1400  
 CITY-ST-ZIP: MIAMI FL 33131

TITLE: TD  Delete  
 NAME: MCGRATH, PATRICK  
 STREET ADDRESS: 100 SE 2ND ST  
 CITY-ST-ZIP: MIAMI FL 33131

TITLE: SD  Delete  
 NAME: ECHENIQUE, JORGE E MD  
 STREET ADDRESS: 2931 CORAL WAY  
 CITY-ST-ZIP: MIAMI FL 33145

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  \*  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:  
 VPD: LUIS VILLA, JR., M.D.  Change  \*  
 3661 South Miami Ave Suite 3  
 Miami, FL 33131

TITLE:  Change  \*  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:  
 SD: JOHN D. MARSHALL, MD  Change  \*  
 Mercy Hospital  
 3663 South Miami Ave  
 Miami, FL 33131

TITLE:  Change  \*  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  \*  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 JOHN D. MARSHALL, M.D. 2/3/00

Date

(305) 285-27

Daytime Phone #