# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:16

DOCUMENT # 767385 (8)

1. Corporation Name
SSJ MERCY HEALTH SYSTEM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % MERCY HOSPITAL-ADMINISTRATION<br>3659 S. MIAMI AVENUE, SUITE #4004<br>MIAMI FL 33133 | % MERCY HOSPITAL-ADMINISTRATION<br>3659 S. MIAMI AVENUE, SUITE #4004<br>MIAMI FL 33133 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1983
3a. Date of Last Report: 02/02/1994
4. FEI Number: 52-1303757 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROSASCO, EDWARD J.,JR.
3663 S. MIAMI AVE.
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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 | ~~DS~~ | 1.1 TITLE | President | ☐ Change ☒ Addition |
| NAME | MARCHMAN, RAY | 1.2 NAME | | |
| STREET ADDRESS | 700 BRICKELL AVENUE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | | |
| TITLE | D | 2.1 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | NOY, JOSE M | 2.2 NAME | | |
| STREET ADDRESS | 3861 S MIAMI AVE #306 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | | |
| TITLE | DC | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KRAVERATH, SIS. LORRAINE | 3.2 NAME | | |
| STREET ADDRESS | 3663 SO. MIAMI AVE. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | | |
| TITLE | ~~DT~~ | 4.1 TITLE | Director | ☒ Change ☐ Addition |
| NAME | ~~MORRISON, WILLIAM~~ | 4.2 NAME | Marley, David | |
| STREET ADDRESS | ~~200 S.E. 1ST ST.~~ | 4.3 STREET ADDRESS | 6161 Blue Lagoon Drive, Ste 300 | |
| CITY-ST-ZIP | ~~MIAMI, F.~~ | 4.4 CITY-ST-ZIP | Miami, FL 33126 | |
| TITLE | ~~D~~ | 5.1 TITLE | Director/Treasurer | ☒ Change ☐ Addition |
| NAME | ~~WOOD, SIS. ANNE RAYMOND~~ | 5.2 NAME | Valdes-Fauli, Jose | |
| STREET ADDRESS | ~~241 ST GEORGE ST~~ | 5.3 STREET ADDRESS | 709 Brickell Avenue | |
| CITY-ST-ZIP | ~~ST AUGUSTINE FL~~ | 5.4 CITY-ST-ZIP | Miami, FL 33131 | |
| TITLE | ~~DP~~ | 6.1 TITLE | Director | ☒ Change ☐ Addition |
| NAME | ~~MONTALBANO, RICHARD~~ | 6.2 NAME | Keehan, Sis. Carol, D.C. | |
| STREET ADDRESS | ~~501 BRICKELL KEY DR.~~ | 6.3 STREET ADDRESS | 1150 Varnum Street, N.E. | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 6.4 CITY-ST-ZIP | Washington, D.C. 20017 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sr. Lorraine Kraverath, S.S.J. 01/26/95 (305) 285-2776
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

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