

# 2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED  
AND  
FILED

00 MAR 29 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ny 4h*



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002104

1. Entity Name  
MERCY ANESTHESIA GROUP, L.C.

Principal Place of Business Mailing Address  
% MERCY HOSPITAL, DEPT. OF ANESTHESIOLOGY 7600 SW 57 AVENUE, SUITE 333  
3663 SOUTH MIAMI AVENUE SOUTH MIAMI FL 33143-5427  
MIAMI FL 33133

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0870510 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.  
201 SOUTH BISCAYNE BLVD., SUITE 3000  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

*3/25/2000* error  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALVAREZ, RAFAEL M.D. 4990 HAMMOCK LAKE DRIVE CORAL GABLES FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LA' FONTANT, PIERRE 18005 S.W. 83 COURT MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LURIE, CONCEPCION M.D. 945 MARINER DRIVE KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORTENSON, BETTY 5396 S.W. 80 STREET MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRENDIVILLE, MAURICE M.D. 5831 MILLER DRIVE MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAMIREZ, LUIS M.D. 335 PACIFIC ROAD KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Guillermo Suarez, MD, PA 7821 S.W. 129 Terr. Miami, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	900003208339-7 -04/13/00--01123--021 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Rafael Alvarez* (Rafael Alvarez, M.D.) 3/25/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)