

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90012 048 ****50.00

DOCUMENT # L98000002104

1. Entity Name

MERCY ANESTHESIA GROUP, L.C.



Principal Place of Business

Mailing Address

**% MERCY HOSP. DEPT. OF ANESTHESIOLOGY
3663 SOUTH MIAMI AVENUE
MIAMI FL 33133**

**7600 SW 57 AVENUE, SUITE 333
SOUTH MIAMI FL 33143**

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **ALVAREZ, RAFAEL M.D.**
STREET ADDRESS **4990 HAMMOCK LAKE DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **LA' FONTANT, PIERRE**
STREET ADDRESS **18005 S.W. 83 COURT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **LURIE, CONCEPCION M.D.**
STREET ADDRESS **945 MARINER DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **MORTENSON, BETTY**
STREET ADDRESS **5396 S.W. 80 STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **SUAREZ, GUILLERMO MD, PA**
STREET ADDRESS **7821 S.W. 129TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **RAMIREZ, LUIS M.D.**
STREET ADDRESS **335 PACIFIC ROAD**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE OF RAFAEL ALVAREZ, M.D.

1 Feb 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

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