

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90046 025 ****61.25

DOCUMENT # N09556

1. Entity Name

MERCY MEDICAL DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**3659 SOUTH MIAMI AVENUE
 MIAMI FL 33133
 US**

**% LEWIS W FISHMAN
 9130 S DADELAND BLVD #1121
 MIAMI FL 33156**

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

59-2789194

Applied For

Not Applicable

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

**FISHMAN, LEWIS W
 9130 S DADELAND BLVD #1121
 MIAMI FL 33156**

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	DP <input checked="" type="checkbox"/> Delete
NAME	HEUSON, WILLIAM G
STREET ADDRESS	3659 SOUTH MIAMI AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	GOLDRICH, WILLIAM
STREET ADDRESS	1901 BRICKELL AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BARRIOS, GERARD
STREET ADDRESS	3661 S. MIAMI AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CARBONELL, MANUEL
STREET ADDRESS	3661 SOUTH MIAMI AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	TERESE, MARGARET SR.
STREET ADDRESS	3665 SOUTH MIAMI AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	WORLEY, ELIZABETH SR
STREET ADDRESS	3663 S MIAMI AVE
CITY-ST-ZIP	MIAMI FL 33133

TITLE	Chairman/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John E. Matuska
STREET ADDRESS	3663 South Miami Avenue
CITY-ST-ZIP	Miami, FL 33133
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manuel P. Anton, III, M.D.
STREET ADDRESS	3663 South Miami Avenue
CITY-ST-ZIP	Miami, FL 33133
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Mashburn
STREET ADDRESS	3663 South Miami Avenue
CITY-ST-ZIP	Miami, FL 33133
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Hazel
STREET ADDRESS	3663 South Miami Avenue
CITY-ST-ZIP	Miami, FL 33133
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Matuska **REQUIRED**

John E. Matuska

02/15/02

(305) 285-2121

CR2E037 (9/01)