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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000000590 (0)

1. Corporation Name

MERCY HOSPITAL PHO, INC.



Principal Place of Business

Mailing Address

3663 SOUTH MIAMI AVE.  
MIAMI FL 33133

6303 BLUE LAGOON DR  
STE 225  
MIAMI FL 33126  
US

3. Date Incorporated or Qualified

02/10/1993

3a. Date of Last Report

08/08/1995

2. Principal Place of Business

2a. Mailing Address

21 26 15500 NEW BARN RD

4. FEI Number

65-0400802

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27 101

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State

City & State

23 28 MIAMI LAKES, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

Country

Zip

Country

24 25 29 30 33014 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ROSASCO, EDWARD J JR.  
STREET ADDRESS 3663 S. MIAMI AVE.  
CITY-ST-ZIP MIAMI FL

11 TITLE D, P  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME ROSE, MICHAEL S  
STREET ADDRESS 3663 S. MIAMI AVE.  
CITY-ST-ZIP MIAMI FL 33133

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE T  
NAME MASHBURN, JERRY  
STREET ADDRESS 3663 S. MIAMI AVE.  
CITY-ST-ZIP MIAMI FL

31 TITLE D, T  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D  
NAME WORLEY, ELIZABETH A  
STREET ADDRESS 3663 S. MIAMI AVE.  
CITY-ST-ZIP MIAMI FL 33133

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D  
NAME LOPEZ, RAUL  
STREET ADDRESS 3663 S. MIAMI AVE  
CITY-ST-ZIP MIAMI FL

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D  
NAME DIAZ, JORGE  
STREET ADDRESS 2 S. BISCAYNE BLVD., SUITE 2900  
CITY-ST-ZIP MIAMI FL 33131

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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)(k), 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDWARD J. ROSASCO, JR.

305-285-2121

CS 5/1/96

CR2E037 (12/95)

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ATTACHMENT TO MERCY HOSPITAL PHO, INC. REPORT

D  
Rolando De Leon, M.D.  
Mercy Outpatient Center  
Suite #5005  
Miami, Florida 33133

D  
Gabriel A. Costa, M.D.  
Mercy Outpatient Center  
Suite #4001  
Miami, Florida 33133

D, C  
Pedro Jose Greer, Jr., M.D.  
Chairman  
3661 S. Miami Avenue, #805  
Miami, FL 33133

D  
Wilfredo Gonzalez, M.D.  
7500 SW 8th Street  
Coral Gables, FL 33144

D, S  
Miguel Machado, M.D.  
Mercy Outpatient Center  
Suite #5008  
Miami, FL 33133

D  
Raul I. Tano, M.D.  
Mercy Professional Bldg.  
Suite #904  
Miami, FL 33133

D  
Deborah L. Riston  
Ryder Systems, Inc.  
3600 NW 82 Avenue  
Miami, FL 33166

D  
Cristobal Viera, M.D.  
Mercy Professional Bldg.  
Suite #202  
Miami, FL 33133