

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 NOV 30 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000590

1. Corporation Name

MERCY HOSPITAL PHO, INC.

Principal Place of Business

Mailing Address

3663 SOUTH MIAMI AVE  
MERCY HOSPITAL  
MIAMI FL 33133  
US

MERCY HOSPITAL  
3663 SOUTH MIAMI AVE  
MIAMI FL 33133  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/10/1993

5. FEI Number

65-0400802

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
DP	ROSASCO, EDWARD J JR.	3663 S. MIAMI AVE.	MIAMI FL 33133
<del>D</del>	<del>ROSE, MICHAEL S</del>	<del>3663 S. MIAMI AVE.</del>	<del>MIAMI FL 33133</del>
DT	MASHBURN, JERRY	3663 S. MIAMI AVE.	MIAMI FL 33133
D	WORLEY, ELIZABETH A	3663 S. MIAMI AVE.	MIAMI FL 33133
D	LOPEZ, RAUL	3663 S. MIAMI AVE	MIAMI FL 33133
<del>D</del>	<del>DIAZ, JORGE</del>	<del>2 S. BISCAYNE BLVD., SUITE 2900</del>	<del>MIAMI FL 33131</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

LEWIS FISHMAN

Street Address (P.O. Box Number is Not Acceptable)

9130 S DADELAND BLVD

Suite, Apt. #, Etc.

1121

City

MIAMI

State

FL

Zip Code

33156

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/24/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(I), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. ROSASCO JR

Date

11/24/98

Daytime Phone #

(305) 285-2121