2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005114

06/05/01-90027-030 $236.25

1. Entity 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

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 65-0400802 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FISHMAN, LEWIS 9130 S DADELAND BLVD 1121 MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code

300001661043 3
-11/01/01--01010--004
*****FL 25 *****61.25

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 _____ 6/28/01

Signature, typed or printed name of registered agent and title if applicable. (NO) Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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 NAME ROSASCO, EDWARD J JR. STREET ADDRESS 3663 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL	☐ Delete	TITLE D NAME PITA, JULIO C.,M.D. STREET ADDRESS 3659 S.Miami Avenue, #6008 CITY-ST-ZIP Miami, FL 33133	☐ Change ☒ Addition
TITLE DT NAME MASHBURN, JERRY STREET ADDRESS 3663 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL	☐ Delete	TITLE D NAME VIERA, CRISTOBAL, M.D. STREET ADDRESS 3661 S. Miami Aveneue, #202 CITY-ST-ZIP Miami, FL 33133	☐ Change ☒ Addition
TITLE D NAME WORLEY, ELIZABETH A STREET ADDRESS 3663 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL 33133	☐ Delete	TITLE D NAME COSTA, GABRIEL, M.D. STREET ADDRESS 3659 S. Miami Avenue, #4001 CITY-ST-ZIP Miami, FL 33133	☐ Change ☒ Addition
TITLE D NAME LOPEZ, RAUL STREET ADDRESS 3663 S. MIAMI AVE CITY-ST-ZIP MIAMI FL 33133	☒ Delete	TITLE D NAME NOY, JOSE, M.D. STREET ADDRESS 3661 S. Miami Avenue # 306 CITY-ST-ZIP Miami, FL 33133	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME GARCIA ESTRADA,HERMINIO, M.D. STREET ADDRESS 2601 SW 37th Avenue CITY-ST-ZIP Miami, FL 33133	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME MAS, RAFAEL, M.D. STREET ADDRESS 3659 S. Miami Avenue # 3003 CITY-ST-ZIP Miami, FL 33133	☐ Change ☒ Addition

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: Esther Mashburn 5/30/01 (305) 860-4728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/00)

6/7