2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 OCT 12 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005114

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

06/05/01-90027-030 $236.25

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) 300001661045 3 -11/01/01--01010--004 City ******FL25 Zip Code ******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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSASCO, EDWARD J JR. 3663 S. MIAMI AVE. MIAMI FL	☐ Delete	D PITA, JULIO C.,M.D. 3659 S.Miami Avenue, #6008 Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MASHBURN, JERRY 3663 S. MIAMI AVE. MIAMI FL	☐ Delete	D VIERA, CRISTOBAL, M.D. 3661 S. Miami Aveneue, #202 Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORLEY, ELIZABETH A 3663 S. MIAMI AVE. MIAMI FL 33133	☐ Delete	D COSTA, GABRIEL, M.D. 3659 S. Miami Avenue, #4001 Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, RAUL 3663 S. MIAMI AVE MIAMI FL 33133	☒ Delete	D NOY, JOSE, M.D. 3661 S. Miami Avenue # 306 Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D GARCIA ESTRADA,HERMINIO, M.D. 2601 SW 37th Avenue Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D MAS, RAFAEL, M.D. 3659 S. Miami Avenue # 3003 Miami, FL 33133	☐ Change ☒ Addition

CR2E037 (5/00)

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 Esther REQUEJO 5/30/01 (305) 860-4728

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

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