

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90494 007 ****61.25

DOCUMENT # N93000000590

1. Entity Name

MERCY HOSPITAL PHO, INC.

80116644



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

65-0400802

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DP
 ROSASCO, EDWARD J JR.
 3663 S. MIAMI AVE.
 MIAMI FL**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DT
 MASHBURN, JERRY
 3663 S. MIAMI AVE.
 MIAMI FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 WORLEY, ELIZABETH A
 3663 S. MIAMI AVE.
 MIAMI FL 33133**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 PITA, JULIO C M.D.
 3659 S. MIAMI AVENUE, #6008
 MIAMI FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 VIERA, CRISTOBAL M.D.
 3661 S. MIAMI AVENUE, #202
 MIAMI FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 COSTA, GABRIEL M.D.
 3659 S. MIAMI AVENUE, #4001
 MIAMI FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 NOY, JOSE MD
 3661 S. MIAMI AVE. #306
 MIAMI FL**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 HUERTAS, ENRIQUE MD
 1831 N.W. 7 St.
 MIAMI FL 33125**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 SABATES, MARIO MD
 1385 Cordi Way 3rd Floor
 Miami, FL 33145**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 DE LEON, ROLANDO MD
 3659 S. MIAMI AVE #5006
 MIAMI FL**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 MAS, RAFAEL MD
 3659 S. MIAMI AVE. #3003
 MIAMI FL**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 FIGAROLA, OSCAR MD
 701 N.W. 57 Ave #380
 MIAMI FL 33156**

☐ 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:

SIGNATURE REQUIRED

4/23/02

(305)

285-2172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
B0116041

DOCUMENT #: N93000000590
Mercy Hospital PHO, Inc.

Item #11 (continued)

Lewis Fishman – D
9130 S. Dadeland Boulevard #1121
Miami, FL 33156

John E. Matuska – D
3663 S. Miami Avenue
Miami, FL **33133**

Manuel Anton, MD – D
3663 S. Miami Avenue
Miami, FL **33133**

Herminio Garcia-Estrada, MD – D
2601 SW 37th Avenue
Miami, FL 33133

Leonardo Lopez, MD – D
2601 SW 37th Avenue #701
Miami, FL 33133

Esther Surujon – P
3663 S. Miami Avenue #3718
Miami, FL **33133**