

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000590

FILED  
Jan 27, 2003  
Secretary of State

Entity Name: MERCY HOSPITAL PHO, INC.

## Current Principal Place of Business:

3663 SOUTH MIAMI AVE  
MERCY HOSPITAL  
MIAMI, FL 33133 US

## Current Mailing Address:

MERCY HOSPITAL  
3663 SOUTH MIAMI AVE  
MIAMI, FL 33133 US

## New Principal Place of Business:

1330 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

## New Mailing Address:

1330 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

FEI Number: 65-0400802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FISHMAN, LEWIS  
9130 S DADELAND BLVD  
1121  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NOY, JOSE M.D.  
Address: 3661 S. MIAMI AVENUE #306  
City-St-Zip: MIAMI, FL

Title: DT (X) Delete  
Name: MASHBURN, JERRY  
Address: 3663 S. MIAMI AVE.  
City-St-Zip: MIAMI, FL

Title: D (X) Delete  
Name: WORLEY, ELIZABETH A  
Address: 3663 S. MIAMI AVE.  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: PITA, JULIO C M.D.  
Address: 3659 S. MIAMI AVENUE, #6008  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: VIERA, CRISTOBAL M.D.  
Address: 3661 S. MIAMI AVENUE, #202  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: COSTA, GABRIEL M.D.  
Address: 3659 S. MIAMI AVENUE, #4001  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GARCIA-ESTRADA, HERMINIO MD  
Address: 2601 SW 37TH AVENUE, SUITE 803  
City-St-Zip: MIAMI, FL 33133 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PITA, JULIO C M.D.  
Address: 3659 S. MIAMI AVENUE, SUITE 6008  
City-St-Zip: MIAMI, FL

Title: P (X) Change ( ) Addition  
Name: SURUJON, ESTHER  
Address: 1330 CORAL WAY, SUITE 200  
City-St-Zip: MIAMI, FL 33145 US

Title: D (X) Change ( ) Addition  
Name: COSTA, GABRIEL M.D.  
Address: 3659 S. MIAMI AVENUE, SUITE 4001  
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTHER SURUJON

P

01/27/2003

Electronic Signature of Signing Officer or Director

Date