

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004902 (0)

1. Corporation Name

MERCY PHYSICIAN ORGANIZATION, INC.



Principal Place of Business	Mailing Address
3663 SOUTH MIAMI AVENUE MIAMI FL 33133	3663 SOUTH MIAMI AVENUE MIAMI FL 33133-4253

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/20/1996		First one	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 3711		27 3711				<input checked="" type="checkbox"/> Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 MIAMI, FL		28 MIAMI, FL		<input type="checkbox"/>		5.00 May Be Added to Fees	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
25 Country		30 Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name Susan Pinna			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3663 South Miami Avenue			
				83 Suite 3711			
				84 City MIAMI			
				FL 85 Zip Code 33133			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Susan Pinna* DATE *Apr. 22, 1997*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIERA, CRISTOBAL E M.D.		1.2 NAME				
STREET ADDRESS	3861 S. MIAMI AVENUE #202		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOY, JOSE J M.D.		2.2 NAME				
STREET ADDRESS	3861 S. MIAMI AVENUE #202		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANO, RAUL I M.D.		3.2 NAME				
STREET ADDRESS	3861 S. MIAMI AVENUE #202		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITA, JULIO C M.D.		4.2 NAME				
STREET ADDRESS	3859 S. MIAMI AVENUE #6008		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASAGOITIA, JOSE S M.D.		5.2 NAME				
STREET ADDRESS	3861 S. MIAMI AVENUE #705		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTA, GABRIEL A M.D.		6.2 NAME				
STREET ADDRESS	3859 S. MIAMI AVENUE #4001		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		6.4 CITY-ST-ZIP				
				D MAB, RAFAEL, M.D. 3859 S. MIAMI AVENUE, #6002 MIAMI, FL 33133			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Susan Pinna* DATE *April 22, 1997* 305-860-5196

CR2E037 (9/96)