


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000004902 (0)**

1. Corporation Name

MERCY PHYSICIAN ORGANIZATION, INC.



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|---|--|
| Principal Place of Business 3663 SOUTH MIAMI AVENUE #3711 MIAMI FL 33133 US | Mailing Address 3663 SOUTH MIAMI AVENUE 3711 MIAMI FL 33133 US |
|---|--|

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/20/1996 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|
| 9. Name and Address of Current Registered Agent PINNAS, SUSAN 3663 SOUTH MIAMI AVENUE SUITE 3711 MIAMI FL 33133 |
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|---|
| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
|---|

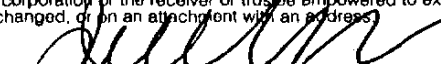
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.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

SIGNATURE:  DATE: **3/31/98**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D VIERA, CRISTOBAL E M.D. |
| STREET ADDRESS | 3661 S. MIAMI AVENUE #202 |
| CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D NOY, JOSE J M.D. |
| STREET ADDRESS | 3661 S. MIAMI AVENUE #202 |
| CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D TANO, RAUL I M.D. |
| STREET ADDRESS | 3661 S. MIAMI AVENUE #202 |
| CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D PITA, JULIO C M.D. |
| STREET ADDRESS | 3659 S. MIAMI AVENUE #6008 |
| CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D BASAGOTIA, JOSE S M.D. |
| STREET ADDRESS | 3661 S. MIAMI AVENUE #705 |
| CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D MAS, RAFAEL M |
| STREET ADDRESS | 3659 S MIAMI AVE #6002 |
| CITY-ST-ZIP | MIAMI FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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:  **Julio C. Pita, M.D.** DATE: **3/31/98** (305) 270-9158

CR2E037 (10/97)