


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90085 049 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000004902 (0)</b> 1. Corporation Name <p style="text-align: center;">MERCY PHYSICIAN ORGANIZATION, INC.</p>					
Principal Place of Business		Mailing Address			
3663 South Miami Avenue Miami FL 33133		3663 South Miami Avenue Miami FL 33133			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/20/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PINNAS, SUSAN 3663 SOUTH MIAMI AVENUE MIAMI FL 33133			81 Name Lewis W. Fishman		
			82 Street Address (P.O. Box Number is Not Acceptable) 9130 South Dadeland Blvd		
			83 Suite 1121		
			84 City Miami FL 85 Zip Code 33156		
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		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Lewis W Fishman			3/24/99		
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	3661 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 M.D.		2.2 NAME		
STREET ADDRESS	3661 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	3661 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	3659 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	3661 S MIAMI AVENUE #705		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAS, RAFAEL M.D.		6.2 NAME		
STREET ADDRESS	3659 S MIAMI AVENUE #6002		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		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 149.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio Rita, PM: D. 3/24/99

Date

(305) 285-2172

Daytime Phone #