

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004902

1. Entity Name

MERCY PHYSICIAN ORGANIZATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90044 020 ****61.25

Principal Place of Business

3663 SOUTH MIAMI AVENUE
#3711
MIAMI FL 33133
US

Mailing Address

3663 SOUTH MIAMI AVENUE
3711
MIAMI FL 33133-4253
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 W
9130 S DADELAND BLVD
STE 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTHER SURUTON-WINER	
STREET ADDRESS	3663 SOUTH MIAMI AVE, #3718	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL COSTA, MD	
STREET ADDRESS	3659 SOUTH MIAMI AVE., #4001	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLANDO DE LEON, MD	
STREET ADDRESS	3659 SOUTH MIAMI AVE, #5005	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Esther Suruton-Winer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00
Date

(305)
860-4728
Daytime Phone #

CR2E037 (9/99)