

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90360 024 \*\*\*\*61.25

**DOCUMENT # N96000004902**

1. Entity Name

**MERCY PHYSICIAN ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

**3663 SOUTH MIAMI AVENUE  
 #3711  
 MIAMI FL 33133  
 US**

**3663 SOUTH MIAMI AVENUE  
 3711  
 MIAMI FL 33133  
 US**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0779407**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **VIERA, CRISTOBAL E M.D.**  
 STREET ADDRESS **3661 S. MIAMI AVENUE #202**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SABATES, MARIO M.D.**  
 STREET ADDRESS **1385 Coral Way 3rd floor**  
 CITY-ST-ZIP **Miami FL 33145**

TITLE **D** ☐ Delete  
 NAME **NOY, JOSE J M.D.**  
 STREET ADDRESS **3661 S. MIAMI AVENUE #202**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DELEON, ROLANDO M.D.**  
 STREET ADDRESS **3659 S. Miami Ave #5005**  
 CITY-ST-ZIP **Miami FL 33133**

TITLE **D** ☐ Delete  
 NAME **HUERTAS, ENRIQUE M.D.**  
 STREET ADDRESS **1831 NW 7TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D** ☐ Change ☒ Addition  
 NAME **LOPEZ, LEONARDO M.D.**  
 STREET ADDRESS **2401 SW 37 Ave #701**  
 CITY-ST-ZIP **Miami FL 33133**

TITLE **D** ☐ Delete  
 NAME **PITA, JULIO C M.D.**  
 STREET ADDRESS **3659 S. MIAMI AVENUE #6008**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MAS, RAFAEL MD.**  
 STREET ADDRESS **3659 S. Miami Ave. #3003**  
 CITY-ST-ZIP **Miami, FL 33133**

TITLE **D** ☐ Delete  
 NAME **COSTA, GABRIEL M.D.**  
 STREET ADDRESS **3659 S MIAMI AVENUE #4001**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Change ☒ Addition  
 NAME **FIGAROLA, OSCAR M.D.**  
 STREET ADDRESS **701 N.W. 57 Ave #380**  
 CITY-ST-ZIP **Miami FL 33136**

TITLE **P** ☐ Delete  
 NAME **SURUJON, ESTHER**  
 STREET ADDRESS **3663 S MIAMI AVENUE #3718**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Change ☒ Addition  
 NAME **GARCIA-ESTRADA, HERMINIO M.D.**  
 STREET ADDRESS **2601 SW 37 Ave**  
 CITY-ST-ZIP **Miami FL 33133**

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 SURUJON**

**4/11/02**

**(305)  
 285-2172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)