3-31-48 B 3973 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9600005010 (1)

MERCY MEDICAL GROUP, INC. Principal Place of Business Mailing Address 3663 SOUTH MIAMI AVE 3663 SOUTH MIAMI AVE MIAM FL 33133 **MIAMI FL 33133** 09/26/1996 4. FEI Number 65-0705708 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Regulred Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 City & State City & State 7- Is this nonprofit corporation a homeowners association? Yes X No 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FISHMAN, LEIS W 82 Street Address (P.O. Box Number is Not Acceptable) 9130 SOUTH DADELAND BLVD, SUITE 1121 83 **MIAMI FL 33156** 84 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE NAME HEUSON, IWLLIAM 1.2 NAME STREET ADORESS 3663 SOUTH MIAMI AVE 1.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition ☐ DELETE Change 2.1 TITLE TITLE NAME LOPEZ, RAUL 2.2 NAME STREET ADDRESS 3663 SOUTH MIAMI AVE 2.3 STREET ADDRESS **MIAM! FL 33133** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE ROSASCO, EDWARD J JR NAME 3.2 NAME

14. Thereby 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 receive 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

NAME

TITLE

TITLE

3663 SOUTH MIAMI AVE

MIAM! FL 33133

Edward J. Rosasco, Jr.

3/18/98

(305) 285-2121

Change

Change

Change

■ Addition

Addition

___ Addition

FILED

Mar 31 1998 8:00am

Secretary of State

CR2E037 (10/97)