

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005010

1. Entity Name

MERCY MEDICAL GROUP, INC.

Principal Place of Business

3663 SOUTH MIAMI AVE  
MIAMI FL 33133

Mailing Address

3663 SOUTH MIAMI AVE  
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0705708

Applied For

Not Applicable

Zip

Country

Zip

Country

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 SOUTH DADELAND BLVD, SUITE 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 NAME ☒ Delete  
D HEUSON, WILLIAM  
STREET ADDRESS 3663 SOUTH MIAMI AVE  
CITY-ST-ZIP MIAMI FL 33133

TITLE NAME ☐ Change ☒ Addition  
Chairman/Director  
John E. Matuska  
STREET ADDRESS 3663 South Miami Avenue  
CITY-ST-ZIP Miami, FL 33133

TITLE NAME ☒ Delete  
D LOPEZ, RAUL  
STREET ADDRESS 3663 SOUTH MIAMI AVE  
CITY-ST-ZIP MIAMI FL 33133

TITLE NAME ☐ Change ☒ Addition  
Director  
Manuel P. Anton, III, M.D.  
STREET ADDRESS 3663 South Miami Avenue  
CITY-ST-ZIP Miami, FL 33133

TITLE NAME ☒ Delete  
D ROSASCO, EDWARD J JR  
STREET ADDRESS 3663 SOUTH MIAMI AVE  
CITY-ST-ZIP MIAMI FL 33133

TITLE NAME ☐ Change ☒ Addition  
Director  
Sr. Elizabeth Anne Worley, SSJ  
STREET ADDRESS 3663 South Miami Avenue  
CITY-ST-ZIP Miami, FL 33133

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
Directors Turn  
Jeffery Mashburn  
STREET ADDRESS 3663 South Miami Avenue  
CITY-ST-ZIP Miami, FL 33133

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
Director  
John Hazel  
STREET ADDRESS 3663 South Miami Avenue  
CITY-ST-ZIP Miami, FL 33133

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*John E. Matuska*

REQUIRED

John E. Matuska

02/15/02

(305) 285-2121

FILED  
Mar 06, 2002 8:00 am  
Secretary of State

03-06-2002 90046 039 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)