

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91275 041 ***550.00

DOCUMENT # P01000011156

1. Entity Name
MERCY SOLUTIONS, INC.

Principal Place of Business

**701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131**

2. Principal Place of Business

**3663 S. MIAMI AVE.
 Suite, Apt. #, etc.
 3718**

3. Mailing Address

**3663 S. MIAMI AVE.
 Suite, Apt. #, etc.
 3718**

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number

65-1106059

☒ Applied For
☐ Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

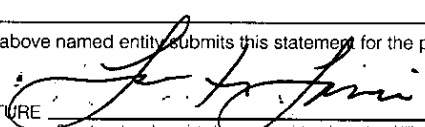
6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Lee F. Lasris, Esq., c/o Ferrell Schultz, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd., 34th Floor
 City
Miami, FL Zip Code
33131

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

4/19/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Orlando Alvarez	
STREET ADDRESS	3663 S MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	Julio D. TA, MD	
STREET ADDRESS	3663 S. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	Cristobal Viera, MD	
STREET ADDRESS	3663 S. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jerry Mashburn	
STREET ADDRESS	3663 S. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	John MATUSKA	
STREET ADDRESS	3663 S. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	Esther Surujon	
STREET ADDRESS	3663 S. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33133	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
 Date

(305) 285-2172
 Daytime Phone #

CR2E034 (9/01)