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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060186 (9)

1. Corporation Name
MERCYHEALTH, INC.

Principal Place of Business
3663 S. MIAMI AVENUE
MIAMI FL 33133

Mailing Address
3663 S. MIAMI AVENUE
MIAMI FL 33133-4253



3. Date Incorporated or Qualified
07/18/1996

3a. Date of Last Report
N.A.

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 3663 S. Miami Ave.

Suite, Apt. #, etc.
22 Suite 3711

City & State
23 Miami FL

Zip
24 33133

2a. Mailing Address
26 3663 S. Miami Ave.

Suite, Apt. #, etc.
27 Suite 3711

City & State
28 Miami FL

Zip
29 33133

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Susan Krapp Pinnas

82 Street Address (P.O. Box Number is Not Acceptable)
3663 South Miami Avenue

83 Suite 3711

84 City Miami FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Susan Krapp Pinnas

(NOTE: Registered Agent signature required when reinstating)

DATE

April 25, 1997

12. OFFICERS AND DIRECTORS

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

TITLE D ☐ DELETE
NAME NOY, JOSE J M.D.
STREET ADDRESS 3661 S. MIAMI AVENUE #306
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE
NAME BASAGOTIA, JOSE S M.D.
STREET ADDRESS 3661 S. MIAMI AVENUE #705
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 ☐ DELETE
NAME TANO, RAUL I M.D.
STREET ADDRESS 3661 S. MIAMI AVENUE #510
CITY-ST-ZIP MIAMI FL 33133

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Mas RASHEL, M.D.
5.3 STREET ADDRESS 3659 S. Miami Ave. #6002
5.4 CITY-ST-ZIP Miami, FL 33133

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Krapp Pinnas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0177912

CR2E034 (9/96)