

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90053 046 ***150.00

DOCUMENT # **P96000060186 (9)**

1. Corporation Name

MERCYHEALTH, INC.

Principal Place of Business

Mailing Address

3663 South Miami Avenue
Miami, FL 33133

3663 South Miami Avenue
Miami FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

NOT APPLICABLE

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNAPP PINNAS, SUSAN
3663 SOUTH MIAMI AVENUE
MIAMI FL 33133

81 Name **Lewis W Fishman**

82 Street Address (P.O. Box Number is Not Acceptable)
9130 South Dadeland Blvd

83 Suite **1121**

84 City **Miami**

85 Zip Code
FL 33156

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

Lewis W. Fishman

3/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

TITLE **D** ☐ DELETE
NAME **BASAGOITIA, JOSE S. M.D.**
STREET ADDRESS **3661 S MIAMI AVE #705**
CITY-ST-ZIP **MIAMI FL 33133**

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

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

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

TITLE **D** ☐ DELETE
NAME **MAS RAFAEL M.D.**
STREET ADDRESS **3659 S MIAMI AVENUE #602**
CITY-ST-ZIP **MIAMI FL 33133**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio Pita, M.D.

3/24/99

(305) 285-2172

Date

Daytime Phone #

CR2E034 (1/98)