

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060186

1. Entity Name

MERCYHEALTH, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90033 025 \*\*\*150.00

Principal Place of Business

Mailing Address

3663 S MIAMI AVE  
 MIAMI FL 33133  
 US

3663 S MIAMI AVE  
 MIAMI FL 33133-4253  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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 S DADELAND BLVD  
 STE 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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DIRECTOR ☐ Change ☒ Addition  
 NAME EDWARD ROSASCO, JR.  
 STREET ADDRESS 3663 SOUTH MIAMI AVE.  
 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 DIRECTOR ☐ Change ☒ Addition  
 NAME JERRY MASHBURN  
 STREET ADDRESS 3663 SOUTH MIAMI AVE  
 CITY-ST-ZIP MIAMI, FL 33133

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

TITLE DIRECTOR ☐ Change ☐ Addition  
 NAME SR. ELIZABETH ANN WOLLEY  
 STREET ADDRESS 3663 SOUTH MIAMI AVE.  
 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 DIRECTOR ☐ Change ☐ Addition  
 NAME LEWIS FISHMAN, ESQ.  
 STREET ADDRESS 3663 SOUTH MIAMI AVE.  
 CITY-ST-ZIP MIAMI, FL 33133

TITLE D ☐ Delete  
 NAME MAS, RAFAEL MD  
 STREET ADDRESS 3659 S MIAMI AVE #602  
 CITY-ST-ZIP MIAMI FL 33133

TITLE PRESIDENT + CEO ☐ Change ☒ Addition  
 NAME DONNA S. REYNOLDS  
 STREET ADDRESS 3663 SOUTH MIAMI AVE. #3718  
 CITY-ST-ZIP MIAMI, FL 33133

TITLE DIRECTOR ☐ Delete  
 NAME GABRIEL COSTA, MD  
 STREET ADDRESS 3659 S. MIAMI AVE, # 4001  
 CITY-ST-ZIP MIAMI, FL 33133

TITLE CHIEF FINANCIAL OFFICER ☐ Change ☒ Addition  
 NAME ESTHER SURUJON - WINER  
 STREET ADDRESS 3663 SOUTH MIAMI AVE., # 3718  
 CITY-ST-ZIP MIAMI, FL 33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTHER SURUJON

3/22/00

Date

(305)  
 860-4728

Daytime Phone #

CR2E034 (9/99)