

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060186

1. Entity Name

MERCYHEALTH, INC.

Principal Place of Business

3663 S MIAMI AVE
MIAMI FL 33133
US

Mailing Address

3663 S MIAMI AVE
MIAMI FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.

(NOT 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D VIERA, CRISTOBAL E M.D. 3661 S. MIAMI AVENUE #202 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOY, JOSE J M.D. 3661 S. MIAMI AVENUE #306 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASAGOITIA, JOSE S M.D. 3661 S. MIAMI AVENUE #705 MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITA, JULIO C M.D. 3659 S. MIAMI AVENUE #6008 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAS, RAGAEI MD 3659 S MIAMI AVE #602 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COSTA, GABRIEL, M.D. 3659 S. Miami Avenue # 4001 Miami, FL 33133 ADD	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-ESTRADA, HERMINIO, M.D. 2601 SW 37th Avenue Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SURUJON, ESTHER 3663 S. Miami Avenue # 3718 Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORLEY, ELIZABETH A. 3663 S. Miami Avenue Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSASCO, EDWARD J JR. 3663 S. Miami Avenue Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASHBURN, JERRY 3663 S. Miami Avenue Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTON, MANUEL, M.D. 3663 S. Miami Avenue Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Esther
SURUJON

5/30/01

Date

(305)
285-2172

Daytime Phone #

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90002 043 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0157133