

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90360 025 ***150.00

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

4. FEI Number **65-0787116**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FISHMAN, LEWIS W
 9130 S DADELAND BLVD
 STE 1121
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

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, 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 **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 **WORLEY, ELIZABETH A**
 STREET ADDRESS **3663 S MIAMI AVENUE**
 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 **MAS, RAGAEI MD**
 STREET ADDRESS **3659 S MIAMI AVE #602**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete
 NAME **MASHBURN, JERRY**
 STREET ADDRESS **3663 S MIAMI AVENUE**
 CITY-ST-ZIP **MIAMI FL 33133**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **SABATES MARIO MD**
 STREET ADDRESS **1385 Coral Way #3rd floor**
 CITY-ST-ZIP **Miami, FL 33145**

TITLE **D** ☐ Change ☒ Addition
 NAME **DE LEON, ROLANDO MD**
 STREET ADDRESS **3459 S. Miami Ave #5005**
 CITY-ST-ZIP **Miami FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **LOPEZ, LEONARDO MD**
 STREET ADDRESS **2901 SW 37 Ave #701**
 CITY-ST-ZIP **Miami FL 33133**

TITLE **D** ☐ Change ☒ Addition
 NAME **FIGAROLA, OSCAR MD**
 STREET ADDRESS **701 N.W. 57 Ave #380**
 CITY-ST-ZIP **Miami FL 33126**

TITLE **D** ☐ Change ☒ Addition
 NAME **GARCIA-ESTRADA, HERMINIO MD**
 STREET ADDRESS **2901 SW 37 Ave**
 CITY-ST-ZIP **Miami FL 33133**

TITLE **D** ☐ Change ☒ Addition
 NAME **HUERTAS, ENRIQUE MD**
 STREET ADDRESS **1831 N.W. 7 St.**
 CITY-ST-ZIP **Miami, FL 33125**

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:

ESTHER REYES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

(305) 285-2172
 Daytime Phone #

CR2E034 (9/01)

Attachment
B0089872

DOCUMENT #: P96000060186

MercyHealth, Inc.

Item #12 (continued)

Lewis Fishman – D
9130 S. Dadeland Boulevard #1121
Miami, FL 33156

John E. Matuska – D
3663 S. Miami Avenue
Miami, FL **33133**

Manuel Anton, MD – D
3663 S. Miami Avenue
Miami, FL **33133**

Gabriel Costa, MD – D
3659 S. Miami Avenue #4001
Miami, FL **33133**

Esther Surujon – P
3663 S. Miami Avenue #3718
Miami, FL **33133**