

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705193
1. Corporation Name
MERCY HOSPITAL, INC.

Principal Place of Business 3663 South Miami Avenue Miami, FL 33133	Mailing Address
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3. Date Incorporated or Qualified
October 13, 1945

4. FEI Number 59-0791034	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**Edward J. Rosasco, Jr.
3663 South Miami Avenue
Miami, FL 33133**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE **4/27/98**

12. OFFICERS AND DIRECTORS

TITLE	C/D	<input type="checkbox"/> DELETE
NAME	Sr. Elizabeth Anne Worley, SSJ	
STREET ADDRESS	3663 South Miami Avenue	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	V/S/D	<input type="checkbox"/> DELETE
NAME	Sr. Mary Christine Zimorski, SSJ	
STREET ADDRESS	3665 South Miami Avenue	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Richard Montalbano	
STREET ADDRESS	100 Second Ave. South	
CITY-ST-ZIP	Tampa, FL 33701	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Edward J. Rosasco, Jr.	
STREET ADDRESS	3663 South Miami Avenue	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Sr. Florence Bryan, SSJ	
STREET ADDRESS	241 St. George Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Dorothy Norton	
STREET ADDRESS	6400 Caballero Blvd.	
CITY-ST-ZIP	Coral Gables, FL 33146	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sr. Elizabeth A. Worley* Sr. Elizabeth Anne Worley, SSJ 4/27/98 (305)285-2121

CR2E037 (10/97)