

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2007
Secretary of State**

DOCUMENT# 705193

Entity Name: MERCY HOSPITAL, INC.

Current Principal Place of Business:

3663 S MIAMI AVE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3663 S MIAMI AVE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-0791034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS W. FISHMAN
9130 SOUTH DADELAND BLVD.
SUITE 1121
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CEKOSH, BARBARA SR
Address: 24 CATHEDRAL PLACE STE 300
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VSD () Delete
Name: GONZALEZ, EDITH SR.
Address: 3663 S. MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: TD () Delete
Name: MCGRATH, PATRICK
Address: 2800 PONCE DE LEON BLVD STE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: MATUSKA, JOHN E
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: KUHN, ANN SR
Address: 241 ST. GEORGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: LOPEZ, LEO M.D.
Address: 2601 S.W. 37TH AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SR. BARBARA CEKOSH

CD

02/23/2007

Electronic Signature of Signing Officer or Director

Date