

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705193

FILED
Feb 01, 2012
Secretary of State

Entity Name: MERCY HOSPITAL, INC.

Current Principal Place of Business:

4725 N FEDERAL HWY
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4725 N FEDERAL HWY
FT LAUDERDALE, FL 33308

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:

WEBBER, DALE S
401 E JACKSON ST STE 2500
TAMPA, FL 33602 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: CPD
Name: JOHNSON, JOHN C
Address: 4725 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: TD
Name: WILFORD, LINDA V
Address: 4725 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: SD
Name: WORLEY, ELIZABETH SR SSJ
Address: 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL 33138

Title: D
Name: STOECKER, JANE SR SSJ
Address: 241 ST. GEORGE ST
City-St-Zip: ST AUGUSTINE, FL 32085 US

Title: D
Name: FITZGERALD, J P
Address: 110 MERRICK WAY , SUITE 3B
City-St-Zip: CORAL GABLES, FL 33131 US

Title: D
Name: MARIN, TOMAS MSGR
Address: 5400 SW 102 AVE
City-St-Zip: MIAMI, FL 33165 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN C JOHNSON

CPD

02/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date