2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737111

FILED Jun 24, 2009 Secretary of State

Entity Name: MERCY HOSPITAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3663 SOUTH MIAMI AVENUE MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

3663 SOUTH MIAMI AVENUE MIAMI, FL 33133

FEI Number: 59-1709438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATUSKA, JOHN

3663 SOUTH MIAMI AVENUE

MIAMI EL 33133 LIS

MIAMI EL 33133 LIS

MIAMI, FL 33133 US MIAMI, FL 33133 US

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: JOHN JOHNSON 06/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 BIRRIEL, SIGFREDO
 Name:
 CERVERA LA MADRID, ALICIA

 Address:
 100 SE 2ND ST #1500
 Address:
 3663 SOUTH MIAMI AVE

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:
 MIAMI, FL 33133

Title: CD () Delete Title: CD (X) Change () Addition

 Name:
 BALESTRA, VICTOR
 Name:
 ZISKIND, JAY A

 Address:
 ESPIRITO SANTO BANK 1395 BRICKELL AVE
 Address:
 3663 SOUTH MIAMI AVE

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:
 MIAMI, FL 33133

Title: VCD () Delete Title: VCD (X) Change () Addition

 Name:
 ZISTINO, JAY
 Name:
 RAMIREZ, JULIO

 Address:
 3471 MAIN HWY # 517
 Address:
 3663 SOUTH MAIMI AVE

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33133

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 MCGRATH, PATRICK
 Name:
 SANCHEZ, FEDERICO

 Address:
 13425 SW 66 AVE
 Address:
 3663 SOUTH MIAMI AVE

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 MIAMI, FL 33133

Title: P () Delete Title: () Change () Addition

 Name:
 ROMANO BROWN, JOSIE
 Name:

 Address:
 3663 SOUTH MIAMI AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSIE ROMANO BROWN P 06/24/2009