

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000060186 (9)
 1. Corporation Name
MERCYHEALTH, INC.



Principal Place of Business: **3663 S. MIAMI AVENUE MIAMI FL 33133**
 Mailing Address: **3663 S. MIAMI AVENUE MIAMI FL 33133-4253**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 3663 S. Miami Ave.		26 3663 S. Miami Ave		07/18/1996	N.A.
22 Suite, Apt. #, etc. Suite 3711		27 Suite, Apt. #, etc. Suite 3711		4. FEI Number	Applied For
23 City & State Miami AL		28 City & State Miami FL			<input checked="" type="checkbox"/> Not Applicable
24 Zip 33133	25 Country	29 Zip 33133	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				6. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
81 Name JULIAN KRAPP PINNAS					
82 Street Address (P.O. Box Number is Not Acceptable)		3663 South Miami Avenue			
83 Suite 3711					
84 City Miami		85 State FL		86 Zip Code 33133	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Julian Krapp Pinnas* DATE: **April 25, 1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D VIERA, CRISTOBAL E M.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3661 S. MIAMI AVENUE #202 MIAMI FL 33133	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE	D NOY, JOSE J M.D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3661 S. MIAMI AVENUE #306 MIAMI FL 33133	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE	D BASAGOTIA, JOSE S M.D.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3661 S. MIAMI AVENUE #705 MIAMI FL 33133	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE	D PITA, JULIO C M.D.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3659 S. MIAMI AVENUE #6008 MIAMI FL 33133	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE	D TANO, RAUL I M.D.	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	3661 S. MIAMI AVENUE #510 MIAMI FL 33133	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE	D COSTA, GABRIEL A M.D.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3659 S. MIAMI AVENUE #4001 MIAMI FL 33133	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julian Krapp Pinnas* DATE: **April 25, 1997** 365-285-2172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)