


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90071 018 ***158.75

DOCUMENT # P96000060186

1. Entity Name
MERCYHEALTH, INC.



Principal Place of Business Mailing Address

1330 CORAL WAY 1330 CORAL WAY
 SUITE 200 SUITE 200
 MIAMI, FL 33145 US MIAMI, FL 33145 US

20013733



2. Principal Place of Business 3. Mailing Address

2000 Ponce de Leon Blvd. 2000 Ponce de Leon Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 6th FLOOR 6th FLOOR
 City & State City & State
 Coral Gables, FL Coral Gables, FL
 Zip Zip Country Country
 33134 33134 Dade Dade

02162005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0787116 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA-ESTRADA, HERMINIO M.D.		NAME	Angela Toro-Kaplan	
STREET ADDRESS	2601 SW 37TH AVENUE, SUITE 803		STREET ADDRESS	2000 Ponce de Leon Blvd., 6 th FLOOR	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, GABRIEL M.D.		NAME	Cecilia Mas, MD	
STREET ADDRESS	3659 S. MIAMI AVENUE #4001		STREET ADDRESS	3181 Coral Way, 5 th FLOOR	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Miami, FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-LEONARDO V M.D.		NAME	Mario Almeida, MD	
STREET ADDRESS	2601 SW 37TH AVENUE, SUITE 701		STREET ADDRESS	1150 Campo Sano Avenue, Ste. 401	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITA, JULIO C M.D.		NAME	Ramon Iglesias, MD	
STREET ADDRESS	3659 S. MIAMI AVENUE, SUITE 6008		STREET ADDRESS	3661 South Miami Ave., Ste. 805	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, RAFAEL MD		NAME	Ricardo Giraldo, MD	
STREET ADDRESS	3659 S MIAMI AVENUE, SUITE 602		STREET ADDRESS	240 Crandon Blvd., Ste. 107	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Miami, FL 33149	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMENDI, FERNANDO M.D		NAME	Guillermo Gubbins, MD	
STREET ADDRESS	3661 S. MIAMI AVE., SUITE 503		STREET ADDRESS	3661 South Miami Ave., Ste. 1006	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Miami, FL 33133	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela Toro Kaplan Date: 2/16/05 Daytime Phone #: (305)421-6361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

MERCY HEALTH

2903733

Number 11 - Additions/Changes to Officers and Directors

D
Santiago Pujals, MD
3659 South Miami Avenue, Suite 5003
Miami, FL 33133

Change

796000050186

D
Carlos Moas, MD
3661 South Miami Avenue, Suite 1008
Miami, FL 33133

Change