

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000060186

1. Entity Name
MERCYHEALTH, INC.



FILED

05 MAY 25 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2000 PONCE DE LEON BLVD
6TH FLOOR
CORAL GABLES, FL 33134 US

Mailing Address: 2000 PONCE DE LEON BLVD
6TH FLOOR
CORAL GABLES, FL 33134 US



05/04/05 80124007 \$70.00
04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0787116	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Amended AF: is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D TORO-KAPLAN, ANGELA 2000 PONCE DE LEON BLVD 6TH FLOOR CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAS, CECILIA MD 3181 CORAL WAY 5TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMEIDA, MARIO MD 1150 CAMPO SANO AVE STE 401 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRALA, RICARDO MD 240 CRANDON BLVD STE 107 MIAMI, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUBBINS, GUILLERMO MD 3661 S MIAMI AVE STE 1006 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUJALS, SANTIAGO MD 3659 S MIAMI AVE STE 5003 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 4/29/05 305-421-6361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERCYHEALTH
Number 10 - Officers and Directors

D
Ramon Iglesias, MD
3661 South Miami Avenue, Suite 805
Miami, Florida 33133

D
Fernando De Armendi, MD
3661 S. Miami Avenue, Suite 503
Miami, Florida 33133

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

D
Gabriel Costa, MD
3659 S. Miami Avenue, Suite 4001
Miami, Florida 33133

Delete