


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90024 001 ***158.75

DOCUMENT # P96000060186

1. Entity Name
MERCYHEALTH, INC.



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**

60000500



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0787116

Applied For
 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M 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	C MAS, CECILIA MD 3181 CORAL WAY 5TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Delete
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	D GIRALA, RICARDO MD 240 CRANDON BLVD STE 107 MIAMI, FL 33149 <input type="checkbox"/> Delete
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	D PUJALS, SANTIAGO MD 3659 S MIAMI AVE STE 5003 MIAMI, FL 33133 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Toro-Kaplan, Angela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 Ponce de Leon Blvd., 6th floor Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: *[Signature]* **1/5/06** **305-421-6361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60000500

MERCYHEALTH

#P96000060186

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