


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED


2006 JUL 10 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060186 1. Entity Name MERCYHEALTH, INC.	
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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
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2. Principal Place of Business Suite, Apt. # etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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07062006	Chg-P	CR2E034 (11/05)
4. FEI Number 65-0787116	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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
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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 AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete TORO-KAPLAN, ANGELA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2000 PONCE DE LEON BLVD 6TH FLOOR	NAME	
STREET ADDRESS	CORAL GABLES, FL 33134	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete MAS, CECILIA MD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3181 CORAL WAY 5TH FLOOR	NAME	
STREET ADDRESS	MIAMI, FL 33145	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete ALMEIDA, MARIO MD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1150 CAMPO SANO AVE STE 401	NAME	
STREET ADDRESS	CORAL GABLES, FL 33146	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GIRALA, RICARDO MD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	240 CRANDON BLVD STE 107	NAME	
STREET ADDRESS	MIAMI, FL 33149	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete GUBBINS, GUILLERMO MD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3661 S MIAMI AVE STE 1006	NAME	
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete PUJALS, SANTIAGO MD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3659 S MIAMI AVE STE 5003	NAME	
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Angela Toro-Kaplan* **Angela Toro-Kaplan** **7/6/06** **305-421-6361**

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

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MERCYHEALTH
Number 10 - Officers and Directors

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

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

Delete

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