


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000060186 1. Entity Name MERCYHEALTH, INC.	
--	---

FILED
06 NOV 16 PM 2:38
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
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11082006	Chg-P	CR2E034 (11/05)
4. FEI Number 65-0787116	Applied For <input type="checkbox"/> 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
--	--

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	
------------------------------	---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	P TORO-KAPLAN, ANGELA 2000 PONCE DE LEON BLVD 6TH FLOOR CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME	D Candido Diaz-Cruz, MD 3661 South Miami Avenue, Ste. 407 Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME	C MAS, CECILIA MD 3181 CORAL WAY 5TH FLOOR MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE NAME	D Jeffrey Horst Myer 3661 South Miami Avenue, Ste. 209 Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME	D ALMEIDA, MARIO MD 1150 CAMPO SANO AVE STE 401 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	100081826841 11/16/06--01009--005 **70.00
TITLE NAME	D GIRALA, RICARDO MD 240 CRANDON BLVD STE 107 MIAMI, FL 33149	<input type="checkbox"/> Delete		TITLE NAME	<i>[Signature]</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	D DE ARMENDI, FERNANDO MD 3661 S MIAMI AVE STE 503 MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	D PUJALS, SANTIAGO MD 3659 S MIAMI AVE STE 5003 MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME		<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]* 11/8/06 305-421-6361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MERCYHEALTH
Number 10 - Officers and Directors

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

Delete

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