


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000060186

1. Entity Name
MERCYHEALTH, INC.



FILED
07 JUL 25 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07202007 Chg-P CR2E034 (12/06)

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) DATE

Amended AR is \$61.25

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	<input type="checkbox"/> Delete
P	TORO-KAPLAN, ANGELA	2000 PONCE DE LEON BLVD 6TH FLOOR	CORAL GABLES, FL 33134	<input type="checkbox"/>
C	MAS, CECILIA MD	3181 CORAL WAY 5TH FLOOR	MIAMI, FL 33145	<input type="checkbox"/>
D	ALMEIDA, MARIO MD	1150 CAMPO SANO AVE STE 401	CORAL GABLES, FL 33146	<input checked="" type="checkbox"/>
D	GIRALA, RICARDO MD	240 CRANDON BLVD STE 107	MIAMI, FL 33149	<input type="checkbox"/>
D	DIAZ-CRUZ, CANDIDO MD	3661 S MIAMI AVE, STE 407	MIAMI, FL 33133	<input checked="" type="checkbox"/>
D	PUJALS, SANTIAGO MD	3659 S MIAMI AVE STE 5003	MIAMI, FL 33133	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
D	Jeffrey Horstmyer, MD	3661 South Miami Avenue, Ste. 209	Miami, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Antonio Cardona, MD	1390 NW 7th Street	Miami, FL 33125	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Julio Pita, MD	3659 South Miami Avenue, Ste. 6008	Miami, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 Date: 7/20/07 Daytime Phone #: (305) 421-6361

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

MERCYHEALTH
Number 10 - Officers and Directors

D
Lazaro Priegues, MD
3661 South Miami Avenue, Suite 905
Miami, Florida 33133

D
Marilu Madrigal, MD
3661 S. Miami Avenue, Suite 1002
Miami, Florida 33133

D
Roberto Reyna, MD
3661 South Miami Avenue, Suite 609
Miami, FL 33133