


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90031 016 \*\*\*158.75

**DOCUMENT # P96000060186**

1. Entity Name  
**MERCYHEALTH, INC.**



Principal Place of Business <b>2000 PONCE DE LEON BLVD 6TH FLOOR CORAL GABLES, FL 33134 US</b>	Mailing Address <b>2000 PONCE DE LEON BLVD 6TH FLOOR CORAL GABLES, FL 33134 US</b>
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40001011



01042008 Chg-P CR2E034 (12/06)

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

4. FEI Number <b>65-0787116</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORO-KAPLAN, ANGELA			NAME			
STREET ADDRESS	2000 PONCE DE LEON BLVD 6TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAS, CECILIA MD			NAME			
STREET ADDRESS	3181 CORAL WAY 5TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33145			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORSTMYER, JEFFREY MD			NAME			
STREET ADDRESS	3661 SOUTH MIAMI AVE., STE 209			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIRALA, RICARDO MD			NAME	Raul Tano, MD		
STREET ADDRESS	240 CRANDON BLVD STE 107			STREET ADDRESS	1455 SW 27th Avenue		
CITY-ST-ZIP	MIAMI, FL 33149			CITY-ST-ZIP	Miami, FL 33145		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDONA, ANTONIO MD			NAME			
STREET ADDRESS	1390 NW 7TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITA, JULIO MD			NAME			
STREET ADDRESS	3659 S MIAMI AVE STE 6008			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133			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: *[Signature]* **1/4/08** **305-421-6361**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT  
MERCYHEALTH**

**Number 10 - Officers and Directors**

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#P96000060186

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

**D**  
Kenneth Rosenthal, MD  
6521 SW 100th Street  
Miami, FL 33133

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