

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705193

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC5238238651**

**Entity Name:** MERCY HOSPITAL, INC.

**Current Principal Place of Business:**

4725 N FEDERAL HWY  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

4725 N FEDERAL HWY  
FT LAUDERDALE, FL 33308

**FEI Number: 59-0791034**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEBBER, DALE S  
401 E JACKSON ST STE 2400  
TAMPA, FL 33602 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CPD  
Name O'CONNELL, RICHARD  
Address 20555 VICTOR PARKWAY  
City-State-Zip: LIVONIA MI 48152

Title TD  
Name WILFORD, LINDA V  
Address 4725 N FEDERAL HWY  
City-State-Zip: FT LAUDERDALE FL 33308

Title SD  
Name WORLEY, ELIZABETH SR SSJ  
Address 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title D  
Name STOECKER, JANE SR SSJ  
Address 241 ST. GEORGE ST  
City-State-Zip: ST AUGUSTINE FL 32085

Title D  
Name FITZGERALD, J P  
Address 110 MERRICK WAY , SUITE 3B  
City-State-Zip: CORAL GABLES FL 33131

Title D  
Name MARIN, TOMAS MSGR  
Address 5400 SW 102 AVE  
City-State-Zip: MIAMI FL 33165

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LINDA V. WILFORD**

**TREASURER**

**01/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date