

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705193

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

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date