

**2017 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 CAPASSO, JOHN A.  
Address 20555 VICTOR PARKWAY  
City-State-Zip: LIVONIA MI 48152

Title TD  
Name CURTIS, ELIZABETH A.  
Address 20555 VICTOR PARKWAY  
City-State-Zip: LIVONIA MI 48152

Title SD  
Name HEMSLEY, MICHAEL C. ESQ.  
Address 3805 WEST CHESTER PIKE  
SUITE 100  
City-State-Zip: NEWTOWN SQUARE PA 19073

*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: MICHAEL C. HEMSLEY, ESQ.**

**SECRETARY/DIRECTOR**

**04/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date