I hereby certify that the information indicated on this report or supplemental report is true and accurate and oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this				
above, or on an attachment with all other like empowered.				
SIGNATURE <sup>,</sup> NIERMALA RATTAN- WASHINGTON M D	TREASURER	04/01/2015		

TREASURER

#### DOCUMENT# P0500002738

#### Entity Name: MERCY FAMILY & URGENT CARE, INCORPORATED

# **Current Principal Place of Business:**

3511 NW 8TH AVENUE 1-2 POMPANO BEACH, FL 33064

### **Current Mailing Address:**

P.O. BOX 771945 CORAL SPRINGS, FL 33077 US

## FEI Number: 56-2494196

# Name and Address of Current Registered Agent:

WILLIAMS, LEVI GJR. 200 SE 13TH STREET FT. LAUDERDALE, FL 33301 US

FILED Apr 01, 2015 Secretary of State CC6647748317

Date

Date

Certificate of Status Desired: No

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

SIGNATURE: NIERMALA RATTAN- WASHINGTON, M.D.

Electronic Signature of Signing Officer/Director Detail

## **Officer/Director Detail :**

Title	P	Title	TRES
Name	WASHINGTON, W. FJR.	Name	WASHINGTON, NIERMALA R
Address	2137 SEA PINES WAY	Address	2137 SEA PINES WAY
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071