

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000002738

**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**

**Certificate of Status Desired: No**

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

WILLIAMS, LEVI GJR.  
200 SE 13TH STREET  
FT. LAUDERDALE, FL 33301 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	PRESIDENT	Title	TRES
Name	WASHINGTON, NIERMALA M.D.	Name	WASHINGTON, ARIELLE N
Address	2137 SEA PINES WAY	Address	2137 SEA PINES WAY
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NIERMALA WASHINGTON,M.D.** \_\_\_\_\_

**PRESIDENT**

**03/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date