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.

TREASURER

SIGNATURE: NIERMALA WASHINGTON, M.D.

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:

#### Officer/Director Detail :

Title	Р	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	

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### 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:

Electronic Signature of Registered Agent

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

FILED Mar 02, 2014 Secretary of State CC0908169440

Date

Certificate of Status Desired: No

03/02/2014

Electronic Signature of Signing Officer/Director Detail