

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737111

FILED
Jan 24, 2011
Secretary of State

Entity Name: MERCY HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

3663 SOUTH MIAMI AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3663 SOUTH MIAMI AVENUE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-1709438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHMAN, LEWIS
9130 SOUTH DADELAND BLVD
1121
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD
Name: CERVERA LA MADRID, ALICIA
Address: 3663 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33133

Title: CD
Name: ZISKIND, JAY A
Address: 3663 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33133

Title: VCD
Name: RAMIREZ, JULIO
Address: 3663 SOUTH MAIMI AVE
City-St-Zip: MIAMI, FL 33133

Title: TD
Name: SANCHEZ, FEDERICO
Address: 3663 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33133

Title: D
Name: WORLEY, ELIZABETH ANN
Address: 3663 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33133

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: JAY A ZISKIND

CD

01/24/2011

Electronic Signature of Signing Officer or Director

Date