FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 767385   (8)

1. Corporation Name

SSJ MERCY HEALTH SYSTEM, INC.

Principal Place of Business	Mailing Address
% MERCY HOSPITAL-ADMINISTRATION 3659 S. MIAMI AVENUE. SUITE #4004 MIAMI FL 33133	% MERCY HOSPITAL-ADMINISTRATION 3659 S. MIAMI AVENUE. SUITE #4004 MIAMI FL 33133

3. Date Incorporated or Qualified **03/09/1983**	3a. Date of Last Report **02/13/1995**

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number **52-1303757**	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24] / Country [25]	Zip [29] / Country [30]	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSASCO, EDWARD J.,JR. 3663 S. MIAMI AVE. MIAMI FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: **DP** NAME: **MARCHMAN, RAY** STREET ADDRESS: **700 BRICKELL AVENUE** CITY-ST-ZIP: **MIAMI FL**		☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE: **DS** NAME: **NOY, JOSE M** STREET ADDRESS: **3661 S MIAMI AVE #306** CITY-ST-ZIP: **MIAMI FL**		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE: **DC** NAME: **KRAVERATH, SIS. LORRAINE** STREET ADDRESS: **3663 SO. MIAMI AVE.** CITY-ST-ZIP: **MIAMI FL**		☒ DELETE	3.1 TITLE **DC** 3.2 NAME **SR. FLORENCE BRYAN, SSJ** 3.3 STREET ADDRESS **241 St. George Street** 3.4 CITY-ST-ZIP **St. Augustine, FL 32084**		☐ Change ☒ Addition
TITLE: **D** NAME: **MARLEY, DAVID** STREET ADDRESS: **6161 BLUD LAGOON DRIVE STE 300** CITY-ST-ZIP: **MIAMI, F.**		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE: **DT** NAME: **VALDES-FAULI, JOSE** STREET ADDRESS: **709 BRICKELL AVE** CITY-ST-ZIP: **ST AUGUSTINE FL**		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE: **D** NAME: **KEEHAN, SIS CAROL DC** STREET ADDRESS: **1150 VARNUM STREET NE** CITY-ST-ZIP: **WASHINGTON DC**		☒ DELETE	6.1 TITLE **D** 6.2 NAME **Sr. Edith Gonzaelz, SSJ** 6.3 STREET ADDRESS **3663 South Miami Avenue** 6.4 CITY-ST-ZIP **Miami, FL 33133**		☐ Change ☒ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sister Florence Bryan SSJ*   Sr. Florence Bryan SSJ   2/12/96   (904) 829-3735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #