

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 23, 2007  
Secretary of State**

DOCUMENT# N03000003224

Entity Name: MERCY OUTPATIENT SERVICES, INC.

**Current Principal Place of Business:**

3663 SOUTH MIAMI AVENUE  
4TH FLOOR  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3663 SOUTH MIAMI AVENUE  
4TH FLOOR  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 51-0641511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FISHMAN, LEWIS W  
TWO DATRAN CENTER, SUITE 1121  
9130 S. DADELAND BOULEVARD  
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: D      ( ) Delete  
Name: PORGES, JOHN M  
Address: 420 BARBAROSSA AVENUE  
City-St-Zip: CORAL GABLES, FL 33148

Title: D      ( ) Delete  
Name: ZIMORSKI, CHRISTINE M SISTER  
Address: 7525 N.W. 2ND AVENUE  
City-St-Zip: MIAMI, FL 33150

Title: D      ( ) Delete  
Name: DISTRITO, CLAUDIA  
Address: 3663 SOUTH MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: CD      ( ) Delete  
Name: LOPEZ, RAUL  
Address: 1643 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33129

Title: STD      ( ) Delete  
Name: MASHBURN, JERRY  
Address: 3663 SOUTH MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: D      ( ) Delete  
Name: MATUSKA, JOHN  
Address: 3663 SOUTH MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAUL LOPEZ

CD

02/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date