

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
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: 51-0461511 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: MARIN, TOMAS MSGR.
Address: 3900 N.W. 79TH AVENUE STE 731
City-St-Zip: DORAL, FL 33166

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: DT (X) Change () Addition
Name: PORGES, JOHN M
Address: 420 BARBAROSSA AVENUE
City-St-Zip: CORAL GABLES, FL 33148

Title: D (X) Change () Addition
Name: BARRIOS, GERALD M.D.
Address: 3661 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

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

Title: CD (X) Change () Addition
Name: LOPEZ, RAUL M.D.
Address: 1643 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129

Title: D (X) Change () Addition
Name: GUZMAN, MARILUZ
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change () Addition
Name: DOMINGUEZ, LAURA
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify 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, M.D..

CD

02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date