

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003224

FILED  
Mar 04, 2010  
Secretary of State

**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:** DT  
**Name:** PORGES, JOHN M  
**Address:** 420 BARBAROSSA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33148

**Title:** D  
**Name:** BARRIOS, GERALD M.D.  
**Address:** 3661 SOUTH MIAMI AVENUE  
**City-St-Zip:** MIAMI, FL 33133

**Title:** D  
**Name:** DEMARIA, RICHARD BR  
**Address:** 9401 BISCAYNE BLVD  
**City-St-Zip:** MIAMI SHORES, FL 33138

**Title:** CD  
**Name:** LOPEZ, RAUL M.D.  
**Address:** 1643 BRICKELL AVE  
**City-St-Zip:** MIAMI, FL 33129

**Title:** D  
**Name:** GUZMAN, MARILUZ  
**Address:** 3663 SOUTH MIAMI AVENUE  
**City-St-Zip:** MIAMI, FL 33133

**Title:** D  
**Name:** PARDO, DAMIAN J  
**Address:** 421 NE 51ST ST  
**City-St-Zip:** MIAMI, FL 33137

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: RAUL LOPEZ, M.D.

CD

03/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date