2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MERCY MEDICAL MISSIONS OF PALM BEACH, INC.

Current Principal Place of Business:

1927 NE SAN CARLOS CALLE
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

1927 NE SAN CARLOSCALLE
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 13-4256772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPEK, MARTY J
1927 NE SAN CARLOS CALLE
JENSEN BEACH, FL 34957 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
Name: HOPEK, MARTIN J
Address: 1927 NE SAN CARLOS CALLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D
Name: SMITH, LAWRENCE
Address: 1120 FAIRVIEW LANE
City-St-Zip: WEST PALM BEACH, FL 33404

Title: D
Name: BODE, MARKAM W
Address: 224 DATURA STREET STE 1218
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D
Name: BERRIOS, ALEX
Address: 6134 NW GAYLORD TERRACE
City-St-Zip: PORT ST LUCIE, FL 34986

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: MARTIN HOPEK DIR 04/12/2011
Electronic Signature of Signing Officer or Director Date