

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 26, 2004
Secretary of State**

DOCUMENT# N09556

Entity Name: MERCY MEDICAL DEVELOPMENT, INC.

Current Principal Place of Business:

3663 SOUTH MIAMI AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

% LEWIS W FISHMAN
9130 S DADELAND BLVD #1121
MIAMI, FL 33156

New Mailing Address:

FEI Number: 59-2789194 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 BLVD.
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: CD () Delete
Name: JOHN, MATUSKA E
Address: 3663 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: MANUEL, ANTON P III MD
Address: 3663 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33133

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

Title: D (X) Delete
Name: JOHN, HAZEL
Address: 3663 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: WORLEY, ELIZABETH SR
Address: 3663 S MIAMI AVE
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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN MATUSKA

CD

02/26/2004

Electronic Signature of Signing Officer or Director

_____ Date