## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000011156

Entity Name: MERCY SOLUTIONS, INC.

FILED Jan 27, 2003 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
3663 S. MIAMI AVE #3718 MIAMI, FL 33133			SUITE 200	1330 CORAL WAY SUITE 200 MIAMI, FL 33145 US	
Current Mailing Address:			New Mailir	New Mailing Address:	
3663 S. MIAMI AVE #3718 MIAMI, FL 33133			SUITE 200	1330 CORAL WAY SUITE 200 MIAMI, FL 33145 US	
FEI Number: 65-1106059 FEI Number Applied For ( ) FEI Numb			El Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
201 S. BISI MIAMI, FL The above in the State	ELL SCHULTZ, F CAYNE BLVD. 34 33131 named entity sub e of Florida.	4TH FLR.	ose of changing it	s registered office or registered agent, or both,	
SIGNATUR		Signature of Registered Agent		Date	
	Liectionic	olgilature of Neglstered Agent		Date	
	npaign Financing Tr S AND DIRECTO	rust Fund Contribution ( ). PRS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De ALVAREZ, ORLANI 3663 S MIAMI AVE MIAMI, FL 33133	DO	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition SURUJON, ESTHER 1330 CORAL WAY, SUITE 200 MIAMI, FL 33145 US	
Title: Name: Address: City-St-Zip:	D () De PITA, JULIO MD 3663 S MIAMI AVE MIAMI, FL 33133		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () De VIERA, CRISTOBA 3663 S MIAMI AVE MIAMI, FL 33133	L MD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition GARCIA-ESTRADA, HERMINIO MD 2601 SW 37TH AVENUE, SUITE 803 MIAMI, FL 33133 US	
Title: Name: Address: City-St-Zip:	D () De MASHBURN, JERR 3663 S MIAMI AVE MIAMI, FL 33133	RΥ	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition COSTA, GABRIEL MD 3659 S MIAMI AVENUE, SUITE 4001 MIAMI, FL 33133 US	
Title: Name: Address: City-St-Zip:	D (X) De MATUSKA, JOHN 3663 S MIAMI AVE MIAMI, FL 33133		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T (X) De SURUJON, ESTHE 3663 S MIAMI AVE MIAMI, FL 33133	R	Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTHER SURUJON P 01/27/2003