

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 27, 2007  
Secretary of State**

DOCUMENT# P03000125953

Entity Name: MERCY URGENT CARE, INC.

**Current Principal Place of Business:**

12107 TOWBOAT CT  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

12107 TOWBOAT CT  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 20-0365185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORONZY, JERRY F  
12107 TOWBOAT CT  
ORLANDO, FL 32828      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: COO      ( ) Delete  
Name: SALVATI, KATHRYN J  
Address: 12107 TOWBOAT CT.  
City-St-Zip: ORLANDO, FL 32828

Title: CEO      ( ) Delete  
Name: HORONZY, JERRY F  
Address: 12107 TOWBOAT CT.  
City-St-Zip: ORLANDO, FL 32828

Title: CFO      ( ) Delete  
Name: COPLEY, KEVIN M  
Address: 12107 TOWBOAT CT.  
City-St-Zip: ORLANDO, FL 32828

Title: EVP      ( ) Delete  
Name: VANHORN, ROBERT  
Address: 12107 TOWBOAT CT.  
City-St-Zip: ORLANDO, FL 32828

Title: EVP      ( ) Delete  
Name: ZANOLINI, DIANA  
Address: 12107 TOWBOAT CT.  
City-St-Zip: ORLANDO, FL 32828

Title: EVP      ( ) Delete  
Name: WEINRICH, DAVID  
Address: 12107 TOWBOAT CT.  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO      (X) Change ( ) Addition  
Name: SALVATI, KATHRYN J  
Address: 12107 TOWBOAT CT.  
City-St-Zip: ORLANDO, FL 32828

Title: COO      (X) Change ( ) Addition  
Name: HORONZY, JERRY F  
Address: 12107 TOWBOAT CT.  
City-St-Zip: ORLANDO, FL 32828

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

SIGNATURE: JERRY HORONZY

COO

04/27/2007

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

\_\_\_\_\_  
Date