

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077111

FILED
Feb 13, 2009
Secretary of State

Entity Name: MERCY PHYSICIAN GROUP, INC.

Current Principal Place of Business:

3663 S MIAMI AVE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3663 S MIAMI AVE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-2970015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHMAN, LEWIS W
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MATUSKA, JOHN E
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: TD () Delete
Name: ANTON, MANUEL P M.D.
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HAZEL, JOHN
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: CD (X) Change () Addition
Name: ANTON, MANUEL P M.D.
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: TD (X) Change () Addition
Name: GUZMAN, MARILUZ
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

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: MANUEL P. ANTON, M.D.

CD

02/13/2009

Electronic Signature of Signing Officer or Director

Date