

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000052943

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** MERCY OUTPATIENT CLINIC, CORP

**Current Principal Place of Business:**

2506 WEST OAKLAND PARK BLVD  
OAKLAND PARK, FL 33311

**New Principal Place of Business:**

1980 OPA-LOCKA BLVRD  
OPA-LOCKA, FL 33054

**Current Mailing Address:**

2506 WEST OAKLAND PARK BLVD  
OAKLAND PARK, FL 33311

**New Mailing Address:**

1980 OPA-LOCKA BLVDR  
OPA-LOCKA, FL 33054

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESPAILLAT, ELISEO  
2506 WEST OAKLAND PARK BLVD  
OAKLAND PARK, FL 33311 US

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

ESPAILLAT, ELISEO  
1980 OPA-LOCKA BLVDR  
OPA-LOCKA, FL 33054 US

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: ESPAILLAT ELISEO

04/28/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ESPAILLAT, ESISEO  
Address: 1980 OPALOCKA BLVRD  
City-St-Zip: OPA-LOCKA, FL 33054

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

SIGNATURE: ESPAILLAT ELISEO

PV

04/28/2010

Electronic Signature of Signing Officer or Director

Date