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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 96 0000 25586**

1. Corporation Name
MERCY SURGICAL & MEDICAL CENTER, INC.

Principal Place of Business Mailing Address
948 E 25TH ST. 160 WEST 31TH ST
HIALEAH, FL 33013 HIALEAH, FL 33012

3. Date Incorporated or Qualified **03/22/1996** 3a. Date of Last Report
4. FEI Number **65-0653537** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CARRALERO, ERNESTO
160 WEST 31TH ST
HIALEAH, FL 33012

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME CARRALERO, ERNESTO
STREET ADDRESS 160 WEST 31TH ST
CITY- ST- ZIP HIALEAH, FL 33012
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME **500002194285**
43 STREET ADDRESS **-05/29/97--01004--006**
44 CITY- ST- ZIP *****5.00**
51 TITLE ☐ Change ☐ Addition
52 NAME **PN**
53 STREET ADDRESS **5-15-97**
54 CITY- ST- ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME **200002194282**
63 STREET ADDRESS **-05/29/97--01004--005**
64 CITY- ST- ZIP *****173.75**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-97 (34) 820 0095

CR2E034 (9/96)