2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P96000025586

Entity Name: MERCY SURGICAL & MEDICAL CENTER, INC.

Current Principal Place of Business:

948 E 25TH STREET
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

948 E 25TH STREET
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 65-0653537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARTINEZ, MINERVA
406 NW 68 AVENUE, APT.122
PLANTATION, FL 33317 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: PST ( ) Delete
Name: MARTINEZ, MINERVA
Address: 406 NW 68 AVENUE, APT.122
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete
Name: CARRALERO, ERNESTO M
Address: 160 WEST 31ST STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MINERVA MARTINEZ P 04/28/2005

Electronic Signature of Signing Officer or Director — Date