


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000025586</b>		
1. Entity Name <b>MERCY SURGICAL &amp; MEDICAL CENTER, INC.</b>		


Principal Place of Business <b>7725 SW 67TH TER MIAMI, FL 33143</b>	Mailing Address <b>7725 SW 67TH TER MIAMI, FL 33143</b>
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2. Principal Place of Business - No P.O. Box # <b>1840 W 49 ST</b>		3. Mailing Address <b>P.O. BOX 430732</b>	
Suite, Apt. #, etc. <b>Suite: 706</b>		Suite, Apt. #, etc.	
City & State <b>Hialeah FL</b>		City & State <b>Miami FL</b>	
Zip <b>33012</b>	Country <b>USA</b>	Zip <b>33243</b>	Country <b>USA</b>

**FILED**

**2008 MAR -6 AM 10:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



03052008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0653537</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CARRALERO, ERNESTO M 7725 SW 67TH TERR MIAMI, FL 33143</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1840 W 49 ST Suite: 706 City Hialeah FL Zip Code 33012</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST CARRALERO, ERNESTO M 7725 SW 67TH TER MIAMI, FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.O. BOX 430732 Miami FL 33243</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000120809820 03/20/08--01009--012 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **03/05/08**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #