

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025586

FILED
May 15, 2009
Secretary of State

Entity Name: MERCY SURGICAL & MEDICAL CENTER, INC.

Current Principal Place of Business:

1840 W 49 STREET
SUITE 706
HIALEAH, FL 33012

New Principal Place of Business:

1840 W 49 STREET
SUITE: 227
HIALEAH, FL 33012

Current Mailing Address:

POST OFFICE BOX 430732
MIAMI, FL 33243

New Mailing Address:

1840 W 49 STREET
SUITE: 227
HIALEAH, FL 33012

FEI Number: 65-0653537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRALERO, ERNESTO M
1840 W 49 STREET
SUITE 706
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

CARRALERO, ERNESTO M
1840 W 49 STREET
SUITE: 227
HIALEAH, FL 33012 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: ERNESTO M. CARRALERO

05/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CARRALERO, ERNESTO M
Address: POST OFFICE BOX 430732
City-St-Zip: MIAMI, FL 33243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CARRALERO, ERNESTO M
Address: 1840 W 49 STREET - SUITE: 227
City-St-Zip: HIALEAH, FL 33012

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: ERNESTO M. CARRALERO

PST

05/15/2009

Electronic Signature of Signing Officer or Director

Date