

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90231 042 ***150.00

DOCUMENT # P96000060186

1. Entity Name
MERCYHEALTH, INC.



Principal Place of Business

1330 CORAL WAY
SUITE 200
MIAMI, FL 33145 US

Mailing Address

1330 CORAL WAY
SUITE 200
MIAMI, FL 33145 US

94061059



2. Principal Place of Business

3. Mailing Address

04012004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0787116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GARCIA-ESTRADA, HERMINIO M.D. | |
| STREET ADDRESS | 2601 SW 37TH AVENUE, SUITE 803 | |
| CITY-ST-ZIP | MIAMI, FL 33133 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COSTA, GABRIEL M.D. | |
| STREET ADDRESS | 3659 S. MIAMI AVENUE #4001 | |
| CITY-ST-ZIP | MIAMI, FL 33133 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LOPEZ, LEONARDO V M.D. | |
| STREET ADDRESS | 2601 SW 37TH AVENUE, SUITE 701 | |
| CITY-ST-ZIP | MIAMI, FL 33133 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PITA, JULIO C M.D. | |
| STREET ADDRESS | 3659 S. MIAMI AVENUE, SUITE 6008 | |
| CITY-ST-ZIP | MIAMI, FL 33133 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MAS, RAFAEL MD | |
| STREET ADDRESS | 3659 S MIAMI AVENUE, SUITE 602 | |
| CITY-ST-ZIP | MIAMI, FL 33133 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HUERTAS, ENRIQUE J M.D. | |
| STREET ADDRESS | 1831 NW 7TH STREET | |
| CITY-ST-ZIP | MIAMI, FL 33125 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | De Armendi, Fernando M.D. | |
| STREET ADDRESS | 3661 S. Miami Ave, Suite 503 | |
| CITY-ST-ZIP | MIAMI, FL 33133 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sabates, Mario A. M.D. | |
| STREET ADDRESS | 1385 Coral Way, Third Floor | |
| CITY-ST-ZIP | MIAMI, FL 33145 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Moas, Carlos M.D. | |
| STREET ADDRESS | 5000 University Drive | |
| CITY-ST-ZIP | Coral Gables, FL 33133 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Eigarola, Oscar MD | |
| STREET ADDRESS | 701 NW 57 Ave Suite 380 | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Toro-kaplan, Angela | |
| STREET ADDRESS | 1330 Coral Way, Suite 200 | |
| CITY-ST-ZIP | MIAMI, FL 33145 | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 786-709-3000