

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000060186

1. Entity Name  
MERCYHEALTH, INC.



FILED

05 MAY 25 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2000 PONCE DE LEON BLVD  
6TH FLOOR  
CORAL GABLES, FL 33134 US

Mailing Address  
2000 PONCE DE LEON BLVD  
6TH FLOOR  
CORAL GABLES, FL 33134 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



05/04/05 80124007 \$70.00  
04292005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0787116

Applied For  
Not Applicable

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 reinstalling)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TORO-KAPLAN, ANGELA  
2000 PONCE DE LEON BLVD 6TH FLOOR  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
MAS, CECILIA MD  
3181 CORAL WAY 5TH FLOOR  
MIAMI, FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALMEIDA, MARIO MD  
1150 CAMPO SANO AVE STE 401  
CORAL GABLES, FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GIRALA, RICARDO MD  
240 CRANDON BLVD STE 107  
MIAMI, FL 33149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GUBBINS, GUILLERMO MD  
3661 S MIAMI AVE STE 1006  
MIAMI, FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PUJALS, SANTIAGO MD  
3659 S MIAMI AVE STE 5003  
MIAMI, FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Angela Toro-Kaplan* 4/29/05 305-421-6361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**MERCYHEALTH**  
**Number 10 - Officers and Directors**

**D**

Ramon Iglesias, MD  
3661 South Miami Avenue, Suite 805  
Miami, Florida 33133

**D**

Fernando De Armendi, MD  
3661 S. Miami Avenue, Suite 503  
Miami, Florida 33133

**D**

Carlos Moas, MD  
3661 South Miami Avenue, Suite 1008  
Miami, FL 33133

**D**

Gabriel Costa, MD  
3659 S. Miami Avenue, Suite 4001  
Miami, Florida 33133

**Delete**