

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED

2006 JUL 10 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060186



1. Entity Name  
MERCYHEALTH, INC.

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.

07062006

Chg-P

CR2E034 (11/05)

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela Toro-Kaplan 7/6/06 305-421-6361

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

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

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

**Delete**

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