

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060186

Entity Name: MERCYHEALTH, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0787116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORO-KAPLAN, ANGELA
Address: 2000 PONCE DE LEON BLVD 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: C () Delete
Name: MAS, CECILIA MD
Address: 3181 CORAL WAY 5TH FLOOR
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: ALMEIDA, MARIO MD
Address: 1150 CAMPO SANO AVE STE 401
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: GIRALA, RICARDO MD
Address: 240 CRANDON BLVD STE 107
City-St-Zip: MIAMI, FL 33149

Title: D () Delete
Name: DIAZ-CRUZ, CANDIDO MD
Address: 3661 S MIAMI AVE, STE 407
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: PUJALS, SANTIAGO MD
Address: 3659 S MIAMI AVE STE 5003
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA TORO-KAPLAN

EX D

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date