1 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000060186

1. Entity Name
MERCYHEALTH, INC.

FILED
07 JUL 25 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

07202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

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 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 NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete TORO-KAPLAN, ANGELA 2000 PONCE DE LEON BLVD 6TH FLOOR CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900107079839 08/01/07--01040--013 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ☐ Delete MAS, CECILIA MD 3181 CORAL WAY 5TH FLOOR MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete ALMEIDA, MARIO MD 1150 CAMPO SANO AVE STE 401 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D Jeffrey Horstmyer, MD 3661 South Miami Avenue, Ste. 209 Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GIRALA, RICARDO MD 240 CRANDON BLVD STE 107 MIAMI, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete DIAZ-CRUZ, CANDIDO MD 3661 S MIAMI AVE, STE 407 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D Antonio Cardona, MD 1390 NW 7th Street Miami, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete PUJALS, SANTIAGO MD 3659 S MIAMI AVE STE 5003 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D Julio Pita, MD 3659 South Miami Avenue, Ste. 6008 Miami, FL 33133

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: _____, Angela Toro-Kaplan 7/20/07 (305)421-6361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MERCYHEALTH
Number 10 - Officers and Directors

D
Lazaro Priegues, MD
3661 South Miami Avenue, Suite 905
Miami, Florida 33133

D
Marilu Madrigal, MD
3661 S. Miami Avenue, Suite 1002
Miami, Florida 33133

D
Roberto Reyna, MD
3661 South Miami Avenue, Suite 609
Miami, FL 33133