

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morihani  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V62811 (7)**

1. Corporation Name  
**MERCY MEDICAL CLINIC, INC.**



Principal Place of Business Mailing Address  
**18350 N W 2ND AVE SUITE 400 MIAMI FL 33169 US**

3. Date Incorporated or Qualified **09/09/1992** 3a. Date of Last Report **08/11/1995**  
4. FEI Number **65-0358693** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JUDE MD, JAMES R  
18350 N W 2ND AVE  
SUITE 400  
MIAMI FL 33169**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if agent is not the registered agent, sign and type name of person authorized to sign on behalf of the corporation)

**JAMES R. JUDE, M.D.**

(NOTE: Registered Agent signature required when transferring)

(DATE)

**3/21/96**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JUDE, JAMES R. MD</b>	
STREET ADDRESS	<b>18350 N W 2ND AVE #400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COSTA, GABRIEL MD</b>	
STREET ADDRESS	<b>18350 N W 2ND AVE #400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GOMEZ MD, ENRIQUE</b>	
STREET ADDRESS	<b>18350 N W 2ND AVE #400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ESTEVEZ MD, FRANK</b>	
STREET ADDRESS	<b>18350 N W 2ND AVE #400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARQUEZ MD, JOSE</b>	
STREET ADDRESS	<b>18350 N W 2ND AVE #400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MANASA MD, MONICA</b>	
STREET ADDRESS	<b>18350 N W 2ND AVE #400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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\*\*\*208.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-4-96**

**21-15-96**

CR2E034 (12/95)