FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Jan 23 1997 8:00am
Secretary of State

DOCUMENT # **V62811** **(7)**

1. Corporation Name
MERCY MEDICAL CLINIC, INC.

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

Mailing Address
18350 N W 2ND AVE
SUITE 400
MIAMI FL 33169-4519
US

3. Date Incorporated or Qualified: **09/09/1992**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent
JUDE MD, JAMES R
18350 N W 2ND AVE
SUITE 400
MIAMI FL 33169

10. Name and Address of New Registered Agent
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 required if no change of registered agent or address, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual 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 registered agent or employee authorized 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 is added in Block 13 with an addition.

SIGNATURE: 1/15/97 305-651-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

0230406