

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90240 025 ****70.00

DOCUMENT # 710395 1. Entity Name VILLA MARIA NURSING AND REHABILITATION CENTER, INC.					
Principal Place of Business 1050 NE 125 ST N. MIAMI, FL 33161 US			Mailing Address 1050 NE 125 ST NORTH MIAMI, FL 33161 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1284678	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FITZGERALD, PATRICK J 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PENNEKAMP, TOM 1436 S MIAMI AVE MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCSD HENNESSEY, WILLIAM J. C/O 9401 BISCAYNE BLVD MIAMI SHORES, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATANIA, JOSEPH M 291 NW 43 AVE COCONUT CREEK, FL 33066	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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12. I 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 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 617, 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: _____ JOSEPH M. CATANIA 3/30/04 954-464-1515					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

54035176



03182004 Chg-NP CR2E037 (10/03)

Attachment
Dir. # 710395-
54035126

FY 2004 Non-Profit Corporation Annual Report (UBR)
Attachment – Additional Directors

D
Rev. Msgr. John Vaughan
c/o 9401 Biscayne Boulevard
Miami Shores, FL 33138

D
Dr. Richard Turcotte
c/o 9401 Biscayne Boulevard
Miami Shores, FL 33138

D
Mr. Rudy J. Noriega
3529 Gulfstream Way
Davie, FL 33328

D
Rev. Msgr. Tomas Marin
c/o 3900 N.W. 79 Avenue, Suite 731
Miami, FL 33166

D
Ms. Josie Romano Brown
c/o 3663 South Miami Avenue
Miami, FL 33133

D
Mr. Bud Farrey
c/o 1850 NE 146th Street
North Miami, FL 33181

D
Mr. Thomas O'Brien
200 Ocean Lane Drive, #409
Key Biscayne, FL 33149

D
Michael T. Reilly, MD
c/o 4875 N Federal Hwy, #800
Fort Lauderdale, FL 33308

D
Ms. Patricia Palamara
4200 Mangrum Court
Hollywood, FL 33021

D
Len T. Sperry, MD, PhD
1721 Victoria Pointe Circle
Weston, FL 33327

D
Mrs. Lourdes Sanchez
9540 Journey's End Road
Coral Gables, FL 33156

D
Asif D. Jamal
5301 Riviera Drive
Coral Gables, FL 33146

D
Rev. Msgr. Franklyn M. Casale
c/o 16400 N.W. 32 Avenue
Miami, FL 33054

D
John E. Matuska
c/o 3663 South Miami Avenue
Miami, FL 33133

D
Mr. John Johnson, CEO
c/o 4725 North Federal Hwy
Fort Lauderdale, FL 33307

D
Ana Mederos
c/o 651 East 25th Street
Hialeah, FL 33013