


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90076 044 ****70.00

DOCUMENT # 748474 1. Entity Name ST. JOHN'S REHABILITATION HOSPITAL AND NURSING CENTER, INC.																																																																																																																													
Principal Place of Business 3075 N.W. 35TH AVENUE FT. LAUDERDALE, FL 33311			Mailing Address 3075 N.W. 35TH AVENUE FT. LAUDERDALE, FL 33311																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State LAUDERDALE LAKES, FL		City & State LAUDERDALE LAKES, FL		4. FEI Number 59-1945163																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																										
FITZGERALD, J. PATRICK 110 MERRICK WAY, SUITE 3-B CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">CD PENNEKAMP, THOMAS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1436 S. MIAMI AVE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI LAKES, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VCSD HENNESSEY, WILLIAM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>C/O 9401 BISCAYNE BLVD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI SHORES, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>P CATANIA, JOSEPH M.</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>291 NW 43RD AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>COCONUT CREEK, FL 33066</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D LAWSON, RALPH E</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>C/O 6855 RED ROAD, STE. 600</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CORAL GABLES, FL 33143</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	CD PENNEKAMP, THOMAS	<input type="checkbox"/> Delete	NAME	1436 S. MIAMI AVE.		STREET ADDRESS	MIAMI LAKES, FL		CITY-ST-ZIP			TITLE	VCSD HENNESSEY, WILLIAM	<input type="checkbox"/> Delete	NAME	C/O 9401 BISCAYNE BLVD		STREET ADDRESS	MIAMI SHORES, FL		CITY-ST-ZIP			TITLE	P CATANIA, JOSEPH M.	<input type="checkbox"/> Delete	NAME	291 NW 43RD AVE		STREET ADDRESS	COCONUT CREEK, FL 33066		CITY-ST-ZIP			TITLE	D LAWSON, RALPH E	<input type="checkbox"/> Delete	NAME	C/O 6855 RED ROAD, STE. 600		STREET ADDRESS	CORAL GABLES, FL 33143		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	CD PENNEKAMP, THOMAS	<input type="checkbox"/> Delete																																																																																																																											
NAME	1436 S. MIAMI AVE.																																																																																																																												
STREET ADDRESS	MIAMI LAKES, FL																																																																																																																												
CITY-ST-ZIP																																																																																																																													
TITLE	VCSD HENNESSEY, WILLIAM	<input type="checkbox"/> Delete																																																																																																																											
NAME	C/O 9401 BISCAYNE BLVD																																																																																																																												
STREET ADDRESS	MIAMI SHORES, FL																																																																																																																												
CITY-ST-ZIP																																																																																																																													
TITLE	P CATANIA, JOSEPH M.	<input type="checkbox"/> Delete																																																																																																																											
NAME	291 NW 43RD AVE																																																																																																																												
STREET ADDRESS	COCONUT CREEK, FL 33066																																																																																																																												
CITY-ST-ZIP																																																																																																																													
TITLE	D LAWSON, RALPH E	<input type="checkbox"/> Delete																																																																																																																											
NAME	C/O 6855 RED ROAD, STE. 600																																																																																																																												
STREET ADDRESS	CORAL GABLES, FL 33143																																																																																																																												
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
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 3/30/04 954-484-1515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

94052807



03222004 Chg-NP CR2E037 (10/03)

Attachment 748474

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

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

D

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

D

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

D

Ms. Patricia Palamara
4200 Mangrum Court
Hollywood, FL 33021

D

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

D

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

D

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

D

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

D

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

D

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

D

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

D

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

D

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

D

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

D

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