


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90065 001 ****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 LAUDERDALE LAKES, FL 33311			Mailing Address 3075 N.W. 35TH AVENUE LAUDERDALE LAKES, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PENNEKAMP, THOMAS 1436 S. MIAMI AVE. MIAMI LAKES, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCSD HENNESSEY, WILLIAM C/O 9401 BISCAYNE BLVD MIAMI SHORES, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATANIA, JOSEPH M 291 NW 43RD AVE COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, RALPH E C/O 6855 RED ROAD, STE. 600 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 4-11-05 954-484-1515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT
74847U

20032750

FY 2005 Non-Profit Corporation Annual Report (UBR)
Attachment – Additional Directors

AS/D

Rev. Msgr. John J. 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

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

D

Mr. John Johnson
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

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

D

Asif D. Jamal
1028 Cotorro Avenue
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

D

Mark J. Panciera
c/o 4200 Hollywood Blvd.
Hollywood, FL 33021