

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90240 033 \*\*\*\*70.00

**DOCUMENT # N06503**

1. Entity Name  
**ST. ANNE'S NURSING CENTER, ST. ANNE'S  
RESIDENCE, INC.**



Principal Place of Business Mailing Address  
**11855 QUAIL ROOST DR 11855 QUAIL ROOST DR  
MIAMI, FL 33177 US MIAMI, FL 33177 US**

**54035168**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03302004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2522488** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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 **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

Signature, typed or printed name of registered agent and title if applicable. (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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **CD**  
STREET ADDRESS **PENNEKAMP, TOM**  
CITY-ST-ZIP **1436 S. MIAMI AVE  
MIAMI, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VCSD**  
STREET ADDRESS **HENNESSEY, WILLIAM, REV.**  
CITY-ST-ZIP **C/O 9401 BISCAYNE BLVD  
MIAMI SHORES, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **CATANIA, JOSEPH M**  
CITY-ST-ZIP **291 N.W. 43 AVE.  
COCONUT CREEK, FL 33066**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SPERRY, LEN**  
CITY-ST-ZIP **11300 NE 2ND AVE  
MIAMI, FL 33161**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1721 Victoria Pointe Circle**  
CITY-ST-ZIP **Weston, FL 33327**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LAWSON, RALPH E**  
CITY-ST-ZIP **C/O 6855 RED ROAD, STE. 600  
CORAL GABLES, FL 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FARREY, BUD**  
CITY-ST-ZIP **1850 NE 146TH ST  
MIAMI, FL 33181**

TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
Doc. # N06503

54035768

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

D

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

D

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

D

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

D

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

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

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

D

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

D

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

D

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

D

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