

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010136

FILED
Mar 19, 2012
Secretary of State

Entity Name: CATHOLIC HEALTH CARE TRANSITIONS SERVICES, INC.

Current Principal Place of Business:

4790 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4790 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 45-3717633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C
Name: LAWSON, RALPH E
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: TP
Name: CATANIA, JOSEPH M
Address: 291 NW 43 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

Title: S
Name: WORLEY, ELIZABETH
Address: 9401 BISCAYNE BOULEVARD
City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH M. CATANIA

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03/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date