



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-13-2005 90066 048 ****70.00

DOCUMENT # N13289					
1. Entity Name CATHOLIC HEALTH SERVICES, INC.					
Principal Place of Business 4790 N STATE RD 7 LAUDERDALE LAKES, FL 33319 US			Mailing Address 4790 N STATE RD 7 LAUDERDALE LAKES, FL 33319 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 59-2645139	
				Applied For Not Applicable	
				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	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	CD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEKAMP, TOM			NAME	
STREET ADDRESS	1436 SOUTH MIAMI AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	VCSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSEY, WILLIAM			NAME	
STREET ADDRESS	C/O 9401 BISCAYNE BLVD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANIA, JOSEPH M			NAME	
STREET ADDRESS	291 N.W. 43 AVE.			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33066			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, RALPH E			NAME	
STREET ADDRESS	C/O 6855 RED ROAD, STE. 600			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33143			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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		4-11-05 954-484-1515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

ATTACHMENT
#N13289

20032253

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