

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13289

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** CATHOLIC HEALTH SERVICES, INC.

**Current Principal Place of Business:**

4790 N STATE RD 7  
LAUDERDALE LAKES, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

4790 N STATE RD 7  
LAUDERDALE LAKES, FL 33319 US

**New Mailing Address:**

**FEI Number:** 59-2645139      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FITZGERALD, J. PATRICK  
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:** VCSO  
**Name:** HENNESSEY, WILLIAM J  
**Address:** C/O 9401 BISCAYNE BLVD  
**City-St-Zip:** MIAMI SHORES, FL 33138

**Title:** P  
**Name:** CATANIA, JOSEPH M  
**Address:** 291 N.W. 43 AVE  
**City-St-Zip:** COCONUT CREEK, FL 33066

**Title:** CD  
**Name:** LAWSON, RALPH E  
**Address:** C/O 6855 RED ROAD, STE. 600  
**City-St-Zip:** CORAL GABLES, FL 33143

**Title:** AS  
**Name:** FITZGERALD, J. PATRICK  
**Address:** 110 MERRICK WAY., STE 3B  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** ASD  
**Name:** MARIN, TOMAS  
**Address:** C/O 3900 N.W. 79 AVENUE, STE 731  
**City-St-Zip:** MIAMI, FL 33166

**Title:** D  
**Name:** JAMAL, ASIF  
**Address:** 1028 COTORRO AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33146

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

P

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date