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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21313 (4)

1. Corporation Name
CATHOLIC HOME HEALTH SERVICES, INC.



Principal Place of Business: 4740 NORTH STATE ROAD 7 BLDG C STE 100 LAUDERDALE LAKES FL 33319 US
Mailing Address: 4740 NORTH STATE ROAD 7 BLDG C STE 100 LAUDERDALE LAKES FL 33319-5860 US

3. Date Incorporated or Qualified: 06/25/1987
3a. Date of Last Report: 04/01/1996

2. Principal Place of Business: 21 3075 N.W. 35 Avenue, 22 City & State: Lauderdale Lakes, FL, 23 Zip: 33311, 24 Country: US
2a. Mailing Address: 26 3075 N.W. 35 Avenue, 27 City & State: Lauderdale Lakes, FL, 28 Zip: 33311, 29 Country: US, 30

4. FEI Number: 59-2824874
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
DP PENNEKAMP, TOM
1434 SOUTH MIAMI AVENUE
MIAMI FL
SD JOHNSON, BROTHER PAUL
C/O 726 N.E. 1 AVE.
MIAMI FL
DVT HENNESSEY, WILLIAM, FATHER
C/P 9401 BISCAYNE BLVD
MIAMI SHORES FL
EVD HONOLD, THOMAS G.
C/O 1050 NE 125TH ST
N MIAMI FL
D VAUGHAN, REV. JOHN J.
9401 BISCAYNE BOULEVARD
MIAMI SHORES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas G. Honold* Thomas G. Honold 2/28/97 (954) 484-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035020

CR2E037 (9/96)