

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21313 (4)**

1. Corporation Name  
**CATHOLIC HOME HEALTH SERVICES, INC.**

Principal Place of Business 3075 NW 35 AVE LAUDERDALE LAKES FL 33311 US	Mailing Address 3075 NW 35 AVE LAUDERDALE LAKES FL 33311 US
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3. Date Incorporated or Qualified <b>06/25/1987</b>	
4. FEI Number <b>59-2824874</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>PENNEKAMP, TOM</b>	
STREET ADDRESS	<b>1434 SOUTH MIAMI AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, BROTHOR PAUL</b>	
STREET ADDRESS	<b>C/O 726 N.E. 1 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	<b>HENNESSEY, WILLIAM, FATHER</b>	
STREET ADDRESS	<b>C/P 9401 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	<b>HONOLD, THOMAS G.</b>	
STREET ADDRESS	<b>C/O 1050 NE 125TH ST</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>VAUGHAN, REV. JOHN J.</b>	
STREET ADDRESS	<b>9401 BISCAYNE BOULEVARD</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 2/18/98** **891-8850 x6203**

CR2E037 (10/97)