


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90348 009 \*\*\*\*61.25

**DOCUMENT # N21313**  
 1. Entity 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

**24048043**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03302004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2824874** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	CD PENNEKAMP, TOM 1436 S MIAMI AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCSD HENNESSEY, WILLIAM, FATHER C/P 9401 BISCAYNE BLVD MIAMI SHORES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATANIA, JOSEPH M 291 NW 43RD AVENUE COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, JOHN REVMSG C/O 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, RALPH E C/O 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORIEGA, RUDY J 781 CRANDON BLVD, APT 405 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3529 Gulfstream Way DAVIE FL 33328

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** **3/30/04** **954-484-1515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

24048043  
#N21313

FY 2004 ~~Non-Profit Corporation~~ Annual Report (UBR)  
Attachment - Additional Directors

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  
Mrs. Lourdes Sanchez  
9540 Journey's End Road  
Coral Gables, FL 33156

D  
Rev. Msgr. Franklyn M. Casale  
c/o 16400 N.W. 32 Avenue  
Miami, FL 33054

D  
Mr. John Johnson, CEO  
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 146<sup>th</sup> Street  
North Miami, FL 33181

D  
Michael T. Reilly, MD  
c/o 4875 N Federal Hwy, #800  
Fort Lauderdale, FL 33308

D  
Len T. Sperry, MD, PhD  
1721 Victoria Pointe Circle  
Weston, FL 33327

D  
Asif D. Jamal  
5301 Riviera Drive  
Coral Gables, FL 33146

D  
John E. Matuska  
c/o 3663 South Miami Avenue  
Miami, FL 33133

D  
Ana Mederos  
c/o 651 East 25<sup>th</sup> Street  
Hialeah, FL 33013