

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90120 006 ****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**

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 **59-2824874**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

FILE NOW: FEE IS \$61.25

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	VCSD HENNESSEY, WILLIAM, FATHER C/P 9401 BISCAYNE BLVD MIAMI SHORES FL <input type="checkbox"/> Delete
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	D VAUGHAN, JOHN REVMSG C/O9401 BISCAYNE BLVD MIAMI SHORES FL 33138 <input type="checkbox"/> Delete
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	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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2E037 (10/02)

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: **SIGNATURE REQUIRED** **JOSEPH M. CATANIA** 3-10-03 954-484-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

#N21313

FY 2003 Uniform Business 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

Most Rev. Thomas Wenski
c/o 9401 Biscayne Boulevard
Miami Shores, FL 33138

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 9401 Biscayne Boulevard
Miami Shores, FL 33138

D

Mr. Bud Farrey
c/o 1850 NE 146th 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
c/o 11300 NE Second Avenue
Miami Shores, FL 33161

D

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

D

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