2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2019
Secretary of State
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DOCUMENT# 710395

Entity Name: VILLA MARIA NURSING AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

1050 NE 125 ST
N. MIAMI, FL 33161

Current Mailing Address:

1050 NE 125 ST
N. MIAMI, FL 33161 US

FEI Number: 59-1284678

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FITZGERALD, PATRICK J
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 US

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

Officer/Director Detail :

Title	VCSD	Title	PCEO
Name	WORLEY, ELIZABETH A	Name	CATANIA, JOSEPH M
Address	C/O 9401 BISCAYNE BLVD	Address	291 NW 43 AVE
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	COCONUT CREEK FL 33066
Title	CD	Title	AS
Name	LAWSON, RALPH E	Name	FITZGERALD, J PATRICK
Address	6041 NW 74 TERRACE	Address	110 MERRICK WAY SUITE 5B
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR		
Name	PANCIERA, MARK J		
Address	6001 NORTH OCEAN BOULEVARD, #1202		
City-State-Zip:	HOLLYWOOD FL 33019		

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 PRESIDENT 04/02/2019

Electronic Signature of Signing Officer/Director Detail — Date