

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748474

**Entity Name:** ST. JOHN'S REHABILITATION HOSPITAL AND NURSING CENTER, INC.

**Current Principal Place of Business:**

3075 N.W. 35TH AVENUE  
LAUDERDALE LAKES, FL 33311

**Current Mailing Address:**

3075 N.W. 35TH AVENUE  
LAUDERDALE LAKES, FL 33311 US

**FEI Number:** 59-1945163

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FITZGERALD, J. PATRICK ESQ.  
J. PATRICK FITZGERALD & ASSOCIATES, P.A.  
110 MERRICK WAY SUITE 3B  
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  
Name WORLEY, SSJ, ELIZABETH A. SR.  
Address ARCHDIOCESE OF MIAMI  
9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title CD  
Name LAWSON, RALPH E.  
Address 6041 NW 74 TERRACE  
City-State-Zip: PARKLAND FL 33067

Title P  
Name PALLIN, ARISTIDES CEO  
Address CATHOLIC HEALTH SERVICES, INC.  
4790 N STATE RD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319  
  
Title AS  
Name FITZGERALD, J. PATRICK ESQ.  
Address J. PATRICK FITZGERALD &  
ASSOCIATES, P.A.  
110 MERRICK WAY SUITE 3B  
City-State-Zip: CORAL GABLES FL 33134

*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:** ARISTIDES PALLIN

**CEO/PRESIDENT**

**01/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date