

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003291

**Entity Name:** MIAMI-DADE NURSING CENTER, INC.

**Current Principal Place of Business:**

4790 N. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4790 N. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**FEI Number: 65-1098319**

**Certificate of Status Desired: No**

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

FITZGERALD, J. PATRICK ESQ.  
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 P  
Name CATANIA, JOSEPH M  
Address 291 NW 43 AVE  
City-State-Zip: COCONUT CREEK FL 33066

Title VCSD  
Name WORLEY, ELIZABETH A  
Address C/O 9401 BISCAYNE BLVD.  
City-State-Zip: MIAMI SHORES FL 33138

Title CD  
Name LAWSON, RALPH E  
Address 6855 RED ROAD, STE 600  
City-State-Zip: CORAL GABLES FL 33143

Title AS  
Name FITZGERALD, J. PATRICK  
Address 110 MERRICK WAY, STE 3B  
City-State-Zip: CORAL GABLES FL 33134

Title ASD  
Name MARIN, TOMAS  
Address C/O 5400 S.W. 102 AVENUE  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name PANCIERA, MARK J  
Address 6001 NORTH OCEAN DRIVE, #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**

**03/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date