

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06503

**Entity Name:** ST. ANNE'S NURSING CENTER, ST. ANNE'S RESIDENCE, INC.**Current Principal Place of Business:**11855 QUAIL ROOST DR  
MIAMI, FL 33177**Current Mailing Address:**11855 QUAIL ROOST DR  
MIAMI, FL 33177 US**FEI Number:** 59-2522488**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:** J. PATRICK FITZGERALD, ESQ.

01/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | VCSD                                       |
| Name            | WORLEY, SSJ, ELIZABETH A. SR.              |
| Address         | ARCHDIOCESE OF MIAMI<br>9401 BISCAYNE BLVD |
| City-State-Zip: | MIAMI SHORES FL 33138                      |

|                 |                                                     |
|-----------------|-----------------------------------------------------|
| Title           | P                                                   |
| Name            | PALLIN, ARISTIDES CEO                               |
| Address         | CATHOLIC HEALTH SERVICES, INC.<br>4790 N STATE RD 7 |
| City-State-Zip: | LAUDERDALE LAKES FL 33319                           |

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

|                 |                                                                         |
|-----------------|-------------------------------------------------------------------------|
| Title           | AS                                                                      |
| Name            | FITZGERALD, J. PATRICK ESQ.                                             |
| Address         | J. PATRICK FITZGERALD &<br>ASSOCIATES, P.A.<br>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

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date