

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000013121

Entity Name: CHS ST. MARY TOWERS, INC.**Current Principal Place of Business:**4790 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**Current Mailing Address:**4790 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319 US**FEI Number: 88-4333331****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**J. PATRICK FITZGERALD, ESQUIRE
110 MERRICK WAY, SUITE3-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 D
Name MS. PATRICIA PALAMARA
Address 5751 N. STERLING RANCH DRIVE
City-State-Zip: DAVIE FL 33314

Title D
Name DR. PATRICK TAYLOR
Address 35 CIRCUIT ROAD
City-State-Zip: CAPE NEDDICK ME 03902

Title D
Name DR. VICTOR ROMANO
Address 725 N.E. 114 STREET
City-State-Zip: BISCAYNE PARK FL 33161

Title D
Name MS. JULIE STAUB
Address 7221 SW 6TH STREET
City-State-Zip: PLANTATION FL 33317

Title D
Name MR. BUD FARREY
Address 1315 BAY TERRACE ROAD 7
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title DVPS
Name SISTER ELIZABETH WORLEY, SSJ
Address 9401 BISCAYNE BOULEVARD
City-State-Zip: MIAMI SHORES FL 33138

Title D
Name DR. MANUEL P. ANTON III
Address 11233 SW 72 AVENUE
City-State-Zip: PINECREST FL 33156

Title D
Name MR. CHRISTOPHER CATALLO
Address 840 JACK PINE DRIVE
City-State-Zip: OAKLAND MI 48306

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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

Officer/Director Detail Continued :

Title D
Name MR. RALPH LAWSON
Address 6041 NW 74 TERRACE
City-State-Zip: PARKLAND FL 33067

Title AS
Name J. PATRICK FITZGERALD, ESQ.
Address 4790 NORTH STATE ROAD 7
City-State-Zip: LAUDERDALE LAKES FL 33319

Title P
Name ARISTIDES PALLIN
Address 4790 NORTH STATE ROAD 7
City-State-Zip: LAUDERDALE LAKES FL 33319