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

City-State-Zip: CORAL GABLES FL 33134

630 SEVILLA AVENUE

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

Entity Name: ST. JOSEPH RESIDENCE, INC.

3485 N.W. 30TH STREET LAUDERDALE LAKES, FL 33311

DOCUMENT# N22491

### **Current Mailing Address:**

3485 N.W. 30TH STREET LAUDERDALE LAKES, FL 33311 US

#### FEI Number: 65-0032474

# Name and Address of Current Registered Agent:

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

## FILED Feb 05, 2021 Secretary of State 9305672710CC

Date

Certificate of Status Desired: Yes

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:

Address

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	VCSD	Title	Р
Name	WORLEY, ELIZABETH A	Name	CATANIA, JOSEPH M
Address	C/O 9401 BISCAYNE BLVD	Address	291 N.W. 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, STE 3-B
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	CORAL GABLES FL 33134
Title Name Address	DIRECTOR PANCIERA, MARK J 6001 NORTH OCEAN DRIVE, #1202	Title Name Address	ASST. SECRETARY, DIRECTOR ZIRILLI, DAVID 5220 JOHNSON STREET
City-State-Zip:	HOLLYWOOD FL 33019	City-State-Zip:	HOLLYWOOD FL 33021
Title	COO		
Name	PALLIN, ARISTIDES		

PRESIDENT

02/05/2021

Date