

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N42426

**Entity Name:** CATHOLIC ELDERLY SERVICES, 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 US

**FEI Number:** 65-0312041

**Certificate of Status Desired:** No

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

FITZGERALD, J. PATRICK ESQ.  
J. PATRICK FITZGERALD & ASSOCIATES, P.A.  
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:** J. PATRICK FITZGERALD, ESQ.

11/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title P  
Name PALLIN, ARISTIDES  
Address CATHOLIC HEALTH SERVICES, INC.  
4790 N STATE RD7  
City-State-Zip: LAUDERDALE LAKES FL 33319

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

Title D  
Name PANCIERA, MARK  
Address 6001 N OCEAN DRIVE #1202  
City-State-Zip: HOLLYWOOD FL 33019

Title ASD  
Name ZIRILLI, REV. DAVID V.F.  
Address 5220 JOHNSON STREET  
City-State-Zip: HOLLYWOOD FL 33021

*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:** J. PATRICK FITZGERALD

AS

11/02/2021

Electronic Signature of Signing Officer/Director Detail

Date