

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 316967

**Entity Name:** CSI CATALANO'S NURSES REGISTRY, INC.

**Current Principal Place of Business:**

5801 NW 151ST STREET  
SUITE 200A AND 200B  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

10451 NW 117TH AVENUE  
SUITE 110  
MIAMI, FL 33178 US

**FEI Number:** 59-1303456

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 PD  
Name WAXMAN, ALBERT  
Address 10451 NW 117TH AVENUE SUITE 110  
City-State-Zip: MIAMI FL 33178

Title EVP  
Name HOCHHAUSER, STEVEN  
Address 10451 NW 117TH AVENUE SUITE 110  
City-State-Zip: MIAMI FL 33178

Title CFOS  
Name HOYER, THOMAS J  
Address 10451 NW 117TH AVENUE SUITE 110  
City-State-Zip: MIAMI FL 33178

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS J HOYER

CFOS

04/08/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date