## 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000048490

Entity Name: CHS MIAMI BEACH MARIAN TOWERS, INC.

**Current Principal Place of Business:** 

4790 N STATE RD 7

LAUDERDALE LAKES, FL 33319

**Current Mailing Address:** 

4790 N STATE RD 7

LAUDERDALE LAKES. FL 33319

FEI Number: 47-4888385 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 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

01/26/2023

**FILED** Jan 26, 2023

**Secretary of State** 

8625333626CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title D

Name PALAMARA, PATRICIA Name TAYLOR, PATRICK DR. Address 5751 N STERLING RANCH DRIVE Address 35 CIRCUIT ROAD

CAPE NEDDICK ME 03902 City-State-Zip: City-State-Zip: DAVIE FL 33314

Title Title D

Name PANCIERA, MARK Name FARREY, BUD

PANCIERA ENTERPRISES Address 1315 BAY TERRACE Address

6001 NORTH OCEAN DRIVE #1202 NORTH BAY VILLAGE FL 33141 City-State-Zip:

City-State-Zip: HOLLYWOOD FL 33019

Title

CATALLO, CHRISTOPHER Name Name

FERNANDEZ, AURELIO CEO Address 840 JACK PINE DRIVE

MEMORIAL HEALTHCARE SYSTEM Address

City-State-Zip: OAKLAND MI 48306 **EXECUTIVE OFFICES 3111 STIRLING** 

Title

**ROAD** 

D

HOLLYWOOD FL 33312 Title **VCSD** City-State-Zip:

Name WORLEY, SSJ, ELIZABETH A. SR.

Title CD ARCHDIOCESE OF MIAMI Address

Name LAWSON, RALPH E. 9401 BISCAYNE BOULEVARD

Address 6041 NW 74 TERRACE City-State-Zip: MIAMI SHORES FL 33138

> PARKLAND FL 33067 City-State-Zip:

## Continues on page 2

**CEO** 

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: ARISTIDES PALLIN Electronic Signature of Signing Officer/Director Detail 01/26/2023

Date

## Officer/Director Detail Continued:

Title

Name PALLIN, ARISTIDES CEO

Address CATHOLIC HEALTH SERVICES, INC.

4790 N STATE RD 7

LAUDERDALE LAKES FL 33319 City-State-Zip:

Title D

ROMANO, VICTOR DR. Name

Address 725 NE 114 ST

City-State-Zip: BISCAYNE PARK FL 33161

Title D

Name STAUB, JULIE Address 7221 SW 6TH ST

City-State-Zip: PLANTATION FL 33317

Title AS

Name FITZGERALD, J. PATRICK ESQ.

Address J. PATRICK FITZGERALD &

ASSOCIATES, P.A. 110 MERRICK WAY SUITE 3-B

CORAL GABLES FL 33134 City-State-Zip:

Title D

Name ANTON, III, MANUEL P. DR.

Address 11233 SW 72

PINECREST FL 33156 City-State-Zip: