

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000048490

**Entity Name:** CHS MIAMI BEACH MARIAN TOWERS, INC.

**FILED**  
**Feb 24, 2021**  
**Secretary of State**  
**5560015887CC**

**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  
110 MERRICK WAY STE 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name PALAMARA, PATRICIA  
Address 5751 N STERLING RANCH DRIVE  
City-State-Zip: DAVIE FL 33314

Title D  
Name TAYLOR, PATRICK DR.  
Address 333 LAS OLAS WAY, #1102  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D  
Name FARREY, BUD  
Address 1315 BAY TERRACE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

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

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

Title D  
Name FERNANDEZ, AURELIO CEO  
Address MEMORIAL HEALTHCARE SYSTEM  
EXECUTIVE OFFICES 3111 STIRLING  
ROAD  
City-State-Zip: HOLLYWOOD FL 33312

Title D  
Name CIOFFI, ALFRED REV  
Address ST. THOMAS UNIVERSITY  
16401 NW 37 AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title VC/S/D  
Name WORLEY, ELIZABETH A SISTER  
Address ARCHDIOCESE OF MIAMI  
9401 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI SHORES FL 33138

**Continues on page 2**

*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: JOSEPH M CATANIA**

**PRESIDENT**

**02/24/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title AS  
Name FITZGERALD, J PATRICK ESQ.  
Address J. PATRICK FITZGERALD & ASSOCIATES, P.A.  
110 MERRICK WAY STE 3-B  
City-State-Zip: CORAL GABLES FL 33134

Title P  
Name CATANIA, JOSEPH M CEO  
Address 4790 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title D  
Name BARNETT, LESLIE KENNETH  
Address 5401 TAYLOR STREET  
City-State-Zip: HOLLYWOOD FL 33021