

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000048490

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

**FILED**  
**Jan 25, 2017**  
**Secretary of State**  
**CC1687290116**

**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: No**

**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 4200 MANGRUM CT  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name TAYLOR, PATRICK DR., CEO  
Address HOLY CROSS HOSPITAL  
4725 N FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308

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

Title D  
Name PALLIN, ARISTIDES  
Address 630 SEVILLA AVE  
City-State-Zip: CORAL GABLES FL 33134

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

Title D  
Name FISCHER, KENNETH C MD  
Address 1190 N.W. 95TH STREET  
SUITE 402  
City-State-Zip: MIAMI FL 33150

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

**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: REV MSGR TOMAS M MARIN**

**AS/D**

**01/25/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title C/D  
Name LAWSON, RALPH E EXEC VP & CFO  
Address BAPTIST HEALTH SYSTEMS  
6855 RED ROAD SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title AS/D  
Name MARIN, TOMAS M REV MSGR  
Address ST. AUGUSTINE CATHOLIC CHURCH  
1400 MILLER ROAD  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name BALDACCHINO, PETER MOST REV  
Address ST. KIERAN CATHOLIC CHURCH  
3605 SOUTH MIAMI AVENUE  
City-State-Zip: MIAMI FL 33133

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

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

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