2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000048678

Entity Name: CHS ST. ELIZABETH GARDENS, 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

FEI Number: 47-4900881 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, ESQ.

01/30/2024

FILED Jan 30, 2024

Secretary of State

3186082477CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title D

Name PALAMARA, PATRICIA Name FARREY, BUD

Address 5751 N. STERLING RANCH ROAD Address 1315 BAY TERRACE

City-State-Zip: DAVIE FL 33314 City-State-Zip: NORTH BAY VILLAGE FL 33141

Title D Title D

Name TAYLOR, PATRICK DR. Name CATALLO, CHRISTOPHER

Address 35 CIRCUIT ROAD Address 840 JACK PINE DRIVE

Address 35 CIRCUIT ROAD Address 840 JACK PINE DRIVE
City-State-Zip: CAPE NEDDICK ME 03902 City-State-Zip: OAKLAND MI 48306

Title VCSD Title CD

Name WORLEY, SSJ, ELIZABETH A. SR. Name LAWSON, RALPH E.

Address ARCHDIOCESE OF MIAMI Address 6041 NW 74 TERRACE

9401 BISCAYNE BOULEVARD City-State-Zip: PARKLAND FL 33067

City-State-Zip: MIAMI SHORES FL 33138

Title P

Title AS

Name PALLIN, ARISTIDES CEO
Name FITZGERALD, J. PATRICK ESQ.

Address J. PATRICK FITZGERALD & CATHOLIC HEALTH SERVICES, INC. 4790 N STATE RD 7

J. PATRICK FITZGERALD & 4790 N STATE RD

ASSOCIATES, P.A. City-State-Zin: LAUDERDALE LAK

ASSOCIATES, P.A.

110 MERRICK WAY SUITE 3-B

City-State-Zip: LAUDERDALE LAKES FL 33319

City-State-Zip: CORAL GABLES FL 33134 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: ARISTIDES PALLIN CEO/PRESIDENT 01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title D

Name ROMANO, VICTOR DR.

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 D

Name ANTON, III, MANUEL P. DR.

Address 11233 SW 72

City-State-Zip: PINECREST FL 33156