

2017 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: No

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name PALAMARA, PATRICIA
Address 4200 MANGRUM COURT
City-State-Zip: HOLLYWOOD FL 33021

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

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

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

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

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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
Address 6855 RED ROAD
SUITE 600
City-State-Zip: CORAL GABLES FL 33143

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

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

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