

2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P15000048871

Entity Name: CHS ST. ANDREW TOWERS I, 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: 47-4867658

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZGERALD, PATRICK J ESQ.
J. PATRICK FITZGERALD & ASSOCIATES, P.A.
110 MERRICK WAY SUITE 3-B
CORAL GABLES, FL 33314 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.

11/02/2021

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

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

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 SISTER
Address ARCHDIOCESE OF MIAMI
9401 BISCAYNE BOULEVARD
City-State-Zip: MIAMI SHORES FL 33138

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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: J. PATRICK FITZGERALD

AS

11/02/2021

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 P
Name PALLIN, ARISTIDES
Address CATHOLIC HEALTH SERVICES, INC.
4790 N STATE RD 7
City-State-Zip: LAUDERDALE LAKES FL 33319

Title AS
Name FITZGERALD, J. PATRICK
Address 110 MERRICK WAY
SUITE 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