

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90137 007 \*\*\*\*61.25

**DOCUMENT # N00000003291**

1. Entity Name

**MIAMI-DADE NURSING CENTER, INC.**



Principal Place of Business

**4790 N. STATE ROAD 7  
BUILDING C. SUITE 100  
LAUDERDALE LAKES FL 33319**

Mailing Address

**4790 N. STATE ROAD 7  
BUILDING C. SUITE 100  
LAUDERDALE LAKES FL 33319**

2. Principal Place of Business

**4790 N. STATE ROAD 7**

3. Mailing Address

**4790 N. STATE ROAD 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAUDERDALE LAKES FL**

City & State

**LAUDERDALE LAKES FL**

Zip

**33319**

Country

Zip

**33319**

Country

4. FEI Number **65-1098319**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK ESQ.  
110 MERRICK WAY, SUITE 3-B  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>CATANIA, JOSEPH M</b>         |                                 |
| STREET ADDRESS | <b>4740 N. STATE ROAD 7</b>      |                                 |
| CITY-ST-ZIP    | <b>LAUDERDALE LAKES FL 33319</b> |                                 |
| TITLE          | <b>VSD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>HENNESSEY, WILLIAM J REV.</b> |                                 |
| STREET ADDRESS | <b>9401 BISCAYNE BLVD.</b>       |                                 |
| CITY-ST-ZIP    | <b>MIAMI SHORES FL 33138</b>     |                                 |
| TITLE          | <b>TD</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>VAUGHAN, JOHN J REV.</b>      |                                 |
| STREET ADDRESS | <b>9401 BISCAYNE BLVD.</b>       |                                 |
| CITY-ST-ZIP    | <b>MIAMI SHORES FL 33138</b>     |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>PENNEKAMP, THOMAS</b>         |                                 |
| STREET ADDRESS | <b>6710 LEJEUNE ROAD</b>         |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33146</b>     |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE: JOSEPH M. CATANIA**

**3-10-03 954-484-1515**

CR2E037 (10/02)

William  
1602744

**Attachment – Additional Directors**

D  
Mr. John Johnson, CEO  
c/o 4725 North Federal Hwy  
Fort Lauderdale, FL 33307

D  
Dr. Richard Turcotte  
c/o 9401 Biscayne Boulevard  
Miami Shores, FL 33138

D  
Rev. Msgr. Tomas Martin  
c/o 9401 Biscayne Boulevard  
Miami Shores, FL 33138

D  
Mr. Bud Farrey  
c/o 1850 NE 146<sup>th</sup> Street  
North Miami, FL 33181

D  
Michael T. Reilly, MD  
c/o 4875 N Federal Hwy, #800  
Fort Lauderdale, FL 33308

D  
Len T. Sperry, MD, PhD  
c/o 11300 NE Second Avenue  
Miami Shores, FL 33161

Asif D. Jamal  
55301 Riviera Drive  
Coral Gables, FL 33146

John E. Matuska  
c/o 3663 South Miami Avenue  
Miami, FL 33133

D  
Mr. Ralph Lawson  
c/o 6855 Red Road, Suite 600  
Coral Gables, FL 33143

D  
Mr. Rudy J. Noriega  
781 Crandon Blvd, Apt 405  
Key Biscayne, FL 33149

D  
Ms. Josie Romano Brown  
c/o 3663 South Miami Avenue  
Miami, FL 33133

D  
Mr. Thomas O'Brien  
200 Ocean Lane Drive, #409  
Key Biscayne, FL 33149

D  
Ms. Patricia Palamara  
4200 Mangrum Court  
Hollywood, FL 33021

D  
Mrs. Lourdes Sanchez  
9540 Journey's End Road  
Coral Gables, FL 33156

D  
Most Rev. Thomas Wenski  
c/o 9401 Biscayne Boulevard  
Miami Shores, FL 33138

D  
Rev. Msgr. Franklyn M. Casale  
c/o 16400 N.W. 32 Avenue  
Miami, FL 33054