


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90037 041 ****70.00

DOCUMENT # N06503 1. Entity Name ST. ANNE'S NURSING CENTER, ST. ANNE'S RESIDENCE, INC.					
Principal Place of Business 11855 QUAIL ROOST DR MIAMI, FL 33177 US			Mailing Address 11855 QUAIL ROOST DR MIAMI, FL 33177 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02052007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2522488				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCSD HENNESSEY, WILLIAM, REV. C/O 9401 BISCAYNE BLVD MIAMI SHORES, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATANIA, JOSEPH M 291 N.W. 43 AVE. COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPERRY, LEN 19397 BLACK OLIVE LN BOCA RATON, FL 33498 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 659 NW 38 Circle Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAWSON, RALPH E C/O 6855 RED ROAD, STE. 600 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARREY, BUD 1850 NE 146TH ST MIAMI, FL 33181 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FITZGERALD, J. PATRICK 110 MERRICK WAY., STE 3B CORAL GABLES, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JOSEPH M. CATANIA 2/6/07 Date		
_____ <small>Daytime Phone #</small>			954-484-1515 <small>Daytime Phone #</small>		

ATTACHMENT

40017634

1804503

FY 2007 Non-Profit Corporation Annual Report (UBR), Attachment – Additional Directors

AS/D

Rev. Msgr. John J. Vaughan
c/o 9401 Biscayne Boulevard
Miami Shores, FL 33138

D

Mr. Rudy J. Noriega
3529 Gulfstream Way
Davie, FL 33328

D

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

D

Ms. Patricia Palamara
4200 Mangrum Court
Hollywood, FL 33021

D

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

D

Mr. John Johnson
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 Marin
c/o 3900 N.W. 79 Avenue, Suite 731
Miami, FL 33166

D

Asif D. Jamal
1028 Cotorro Avenue
Coral Gables, FL 33146

D

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

D

Ana Mederos
c/o 4775 Collins Avenue, #1908
Miami Beach, FL 33141

D

Mark J. Panciera
c/o 4200 Hollywood Blvd.
Hollywood, FL 33021

D

Kenneth C. Fischer, MD
1190 N.W. 95 Street, #402
Miami, FL 33150

D

Aurelio Fernandez
c/o 5000 W. Oakland Park Blvd.
Lauderdale Lakes, FL 33313