

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010456

FILED
Jul 08, 2010
Secretary of State

Entity Name: CATHOLIC HOSPICE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

14875 NW 77TH AVE., SUITE 100
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

14875 NW 77TH AVE., SUITE 100
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0062530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: MR.
Name: LAWSON, RALPH CHAIRMA
Address: 6855 RED ROAD, STE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: MSGR
Name: HENNESSEEY, WILLIAM REV
Address: 9401 BISCAYNE BOULEVARD
City-St-Zip: MIAMI SHORES, FL 33138

Title: MSGR
Name: MARIN, TOMAS REV
Address: 5400 SW 102 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: MR.
Name: CATANIA, JOSEPH PRES/CE
Address: 4790 NORTH STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MR.
Name: JAMAL, ASIF
Address: 1028 COTORRO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: MR.
Name: FERNANDEZ, AURELIO MD
Address: 1190 NW 95 STREET, STE. 402
City-St-Zip: MIAMI, FL 33150

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH CATANIA, PRES/CEO

MR.

07/08/2010

Electronic Signature of Signing Officer or Director

Date