2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N12085

Entity Name: CATHOLIC HEALTH AND REHABILITATION FOUNDATION, INC.

Current Principal Place of Business:

3675 SOUTH MIAMI AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3675 SOUTH MIAMI AVENUE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-2707787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK
110 MERRICK WAY, 3B
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:	P	( ) Delete
Name:	HENNESSEY, WILLIAM REV MSG	
Address:	9401 BISCAYNE BLVD.	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	CEO	( ) Delete
Name:	TURCOTTE, RICHARD PH.D	
Address:	9401 BISCAYNE BLVD.	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	TD	(X) Delete
Name:	HERRERA, ROBERT E MBA	
Address:	9401 BISCAYNE BLVD.	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	SD	( ) Delete
Name:	SERRANO, JULIAN ED.D	
Address:	9401 BISCAYNE BLVD.	
City-St-Zip:	MIAMI SHORES, FL 33138	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD TURCOTTE, PHD CEO 04/26/2007

Electronic Signature of Signing Officer or Director — Date