

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12085

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**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  
**Name:** WENSKY, THOMAS ARCHBIS  
**Address:** 1505 NE 26 ST  
**City-St-Zip:** WILTON MANORS, FL 33305

**Title:** CEO  
**Name:** TURCOTTE, RICHARD PH.D  
**Address:** 1505 NE 26 ST  
**City-St-Zip:** WILTON MANORS, FL 33305

**Title:** CFO  
**Name:** JONES, JULES  
**Address:** 1505 NE 26 ST  
**City-St-Zip:** WILTON MANORS, FL 33305

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:** RICHARD TURCOTTE

CEO

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date