

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13289** (6)

1. Corporation Name

CATHOLIC HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

C/O J. PATRICK FITZGERALD
3075 NW 35TH AVE
LAUDERDALE LAKES FL 33311

C/O J. PATRICK FITZGERALD
3075 NW 35TH AVE
LAUDERDALE LAKES FL 33311

3. Date Incorporated or Qualified **02/04/1986** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2645139

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, J. PATRICK
110 MERRICK WAY, SUITE 2C
CORAL GABLES FL 33134

81 Name

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

110 Merrick Way, Suite 3B

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PENNEKAMP, TOM	
STREET ADDRESS	1434 S MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HENNESSEY, WILLIAM	
STREET ADDRESS	5601 S FLAMINGO RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOHNSON, PAUL	
STREET ADDRESS	C/O 726 N.E. 1 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	WHITTAKER, KENNETH D	
STREET ADDRESS	7525 N.W. 2 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAUGHAN, JOHN J. R	
STREET ADDRESS	C/O 9401 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	c/o 9401 Biscayne Blvd.
24 CITY-ST-ZIP	Miami Shores, FL 33138
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Honold, Thomas G.
43 STREET ADDRESS	c/o 1050 N.E. 125 Street
44 CITY-ST-ZIP	North Miami, FL 33161
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas G. Honold* Thomas G. Honold

(954) 739-6233
ext 222

CR2E037 (12/95)