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Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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: C/O J. PATRICK FITZGERALD, 3075 NW 35TH AVE, LAUDERDALE LAKES FL 33311  
Mailing Address: C/O J. PATRICK FITZGERALD, 3075 NW 35TH AVE, LAUDERDALE LAKES FL 33311-1107



3. Date Incorporated or Qualified: 02/04/1986  
3a. Date of Last Report: 04/01/1996  
4. FEI Number: 59-2645139  
4. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 4740 N State Road 7, Suite, Apt. #, etc. 22 Bldg C, Suite 100, City & State 23 Lauderdale Lakes, FL, Zip 24 33319, Country 25  
2a. Mailing Address: 26 4740 N State Road 7, Suite, Apt. #, etc. 27 Bldg C, Suite 100, City & State 28 Lauderdale Lakes, FL, Zip 29 33319, Country 30

9. Name and Address of Current Registered Agent: FITZGERALD, J. PATRICK, 110 MERRICK WAY, SUITE 3-B, CORAL GABLES FL 33134  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code FL

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 reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PENNEKAMP, TOM</b>	
STREET ADDRESS	<b>1434 S MIAMI AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>HENNESSEY, WILLIAM</b>	
STREET ADDRESS	<b>C/O 9401 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, PAUL</b>	
STREET ADDRESS	<b>C/O 726 N.E. 1 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>EVD</b>	<input type="checkbox"/> DELETE
NAME	<b>HONOLD, THOMAS G.</b>	
STREET ADDRESS	<b>C/O 1050 NE 125TH ST</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAUGHAN, JOHN J. R</b>	
STREET ADDRESS	<b>C/O 9401 BISCAYNE BOULEVARD</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, 2/28/97, (954) 484-1515

CR2E037 (9/96)