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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90063 017 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13289**

1. Corporation Name  
**CATHOLIC HEALTH SERVICES, INC.**

Principal Place of Business 4740 N. STATE RD. 7 BLDG. C. STE. 100 LAUDERDALE LAKES FL 33319 US	Mailing Address 4740 N. STATE RD. 7 BLDG. C. STE. 100 LAUDERDALE LAKES FL 33319 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/04/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2645139
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETE <input type="checkbox"/>	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME PENNEKAMP, TOM		1.2 NAME	
STREET ADDRESS 1434 S MIAMI AVE		1.3 STREET ADDRESS 1436 SOUTH MIAMI AVENUE	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE DV	DELETE <input type="checkbox"/>	2.1 TITLE D/V/S/T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME HENNESSEY, WILLIAM		2.2 NAME	
STREET ADDRESS C/O 9401 BISCAYNE BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI SHORES FL		2.4 CITY-ST-ZIP	
TITLE DS	DELETE <input checked="" type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME JOHNSON, PAUL		3.2 NAME	
STREET ADDRESS C/O 726 N.E. 1 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE EVD	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME HONOLD, THOMAS G.		4.2 NAME	
STREET ADDRESS C/O 1050 NE 125TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI FL		4.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME VAUGHAN, JOHN J. R		5.2 NAME	
STREET ADDRESS C/O 9401 BISCAYNE BOULEVARD		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI SHORES FL		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Thomas G. Honold* 2/6/99 305 891 8850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)