


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State


02-20-2007 90046 003 ****61.25

DOCUMENT # N21312	
1. Entity Name CATHOLIC HOME HEALTH MEDICARE SERVICES, INC.	

Principal Place of Business 4790 N STATE RD 7 LAUDERDALE LAKES, FL 33319 US	Mailing Address 4790 N STATE RD 7 LAUDERDALE LAKES, FL 33319 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40021224



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2824903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK 110 MERRICK WAY, SUITE 3-B CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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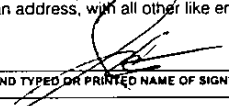
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HENNESSEY, WILLIAM C/O 9401 BISCAYNE BLVD MIAMI SHORES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATANIA, JOSEPH M 291 N.W. 43 AVE. COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAWSON, RALPH E C/O 6855 RED ROAD, STE. 600 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FITZGERALD, J. PATRICK 110 MERRICK WAY., STE 3B CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSEPH M. CATANIA** 2/6/07 954-484-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40021224

#N21312

FY 2007 Non-Profit Corporation Annual Report (UBR)
Attachment – Additional Directors

AS/D

Rev. Msgr. John J. Vaughan
c/o 9401 Biscayne Boulevard
Miami Shores, FL 33138

D

Mr. Rudy J. Noriega
3529 Gulfstream Way
Davie, FL 33328

D

Ms. Josie Romano Brown
c/o 3663 South Miami Avenue
Miami, FL 33133

D

Ms. Patricia Palamara
4200 Mangrum Court
Hollywood, FL 33021

D

Rev. Msgr. Franklyn M. Casale
c/o 16400 N.W. 32 Avenue
Miami, FL 33054

D

Mr. John Johnson
c/o 4725 North Federal Hwy
Fort Lauderdale, FL 33307

D

Dr. Richard Turcotte
c/o 9401 Biscayne Boulevard
Miami Shores, FL 33138

D

Rev. Msgr. Tomas Marin
c/o 3900 N.W. 79 Avenue, Suite 731
Miami, FL 33166

D

Mr. Bud Farrey
c/o 1850 NE 146th Street
North Miami, FL 33181

D

Len T. Sperry, MD, PhD
659 N.W. 38 Circle
Boca Raton, FL 33431

D

Asif D. Jamal
1028 Cotorro Avenue
Coral Gables, FL 33146

D

John E. Matuska
c/o 3663 South Miami Avenue
Miami, FL 33133

D

Ana Mederos
c/o 4775 Collins Avenue, #1908
Miami Beach, FL 33141

D

Mark J. Panciera
c/o 4200 Hollywood Blvd.
Hollywood, FL 33021

D

Kenneth C. Fischer, MD
1190 N.W. 95 Street, #402
Miami, FL 33150

D

Aurelio Fernandez
c/o 5000 W. Oakland Park Blvd.
Lauderdale Lakes, FL 33313