

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21313

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** CATHOLIC HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

3075 NW 35 AVE  
LAUDERDALE LAKES, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

3075 NW 35 AVE  
LAUDERDALE LAKES, FL 33311 US

**New Mailing Address:**

**FEI Number:** 59-2824874      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FITZGERALD, J. PATRICK  
110 MERRICK WAY  
SUITE 3-B  
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:** VCSD  
**Name:** WORLEY, ELIZABETH A  
**Address:** C/P 9401 BISCAYNE BLVD  
**City-St-Zip:** MIAMI SHORES, FL 33138

**Title:** P  
**Name:** CATANIA, JOSEPH M  
**Address:** 291 NW 43RD AVENUE  
**City-St-Zip:** COCONUT CREEK, FL 33066

**Title:** CD  
**Name:** LAWSON, RALPH E  
**Address:** C/O 6855 RED ROAD, SUITE 600  
**City-St-Zip:** CORAL GABLES, FL 33143

**Title:** D  
**Name:** NORIEGA, RUDY J  
**Address:** 3529 GULFSTREAM WAY  
**City-St-Zip:** FORT LAUDERDALE, FL 33328

**Title:** AS  
**Name:** FITZGERALD, J PATRICK  
**Address:** 110 MERRICK WAY, SUITE 3B  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** ASD  
**Name:** MARIN, TOMAS  
**Address:** C/O 5400 S.W. 102 AVENUE  
**City-St-Zip:** MIAMI, FL 33165

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: JOSEPH M. CATANIA

P

03/17/2011

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

\_\_\_\_\_  
Date