2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22491

FILED Mar 27, 2009 Secretary of State

Entity Name: ST. JOSEPH RESIDENCE, INC.

Current Principal Place of Business: New Principal Place of Business:

3485 N.W. 30TH STREET LAUDERDALE LAKES, FL 33311

Current Mailing Address: New Mailing Address:

3485 N.W. 30TH STREET LAUDERDALE LAKES, FL 33311

FEI Number: 65-0032474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FITZGERALD, J. PATRICK ESQUIRE 110 MERRICK WAY, SUITE 3-B CORAL GABLES, FL 33134 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VCSD VCSD () Delete (X) Change () Addition HENNESSEY, WILLIAM, REV. Name: HENNESSEY, WILLIAM J Name: C/O 9401 BISCAYNE BLVD Address: C/O 9401 BISCAYNE BLVD Address: City-St-Zip: MIAMI SHORES, FL City-St-Zip: MIAMI SHORES, FL 33138

Title: P () Delete Title: () Change () Addition

 Name:
 CATANIA, JOSEPH M
 Name:

 Address:
 291 N.W. 43 AVE.
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33066
 City-St-Zip:

Title: CD () Delete Title: () Change () Addition

 Name:
 LAWSON, RALPH E
 Name:

 Address:
 C/O 6855 RED ROAD, STE. 600
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33143
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SPERRY MD PHD, LEN T
 Name:

 Address:
 659 NW 38 CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

Title: AS () Delete Title: AS (X) Change () Addition Name: FITZGERALD, J. PATRICK Name: FITZGERALD, J. PATRICK Address: 110 MERRICK WAY, STE 3-B

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: ASD () Change (X) Addition
Name: MARIN. TOMAS

Address: Address: C/O 3900 N.W. 79 AVENUE, STE 731

City-St-Zip: City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH M. CATANIA P 03/27/2009