

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22920

FILED
Mar 19, 2012
Secretary of State

Entity Name: CATHOLIC HOSPICE, INC.

Current Principal Place of Business:

14875 NW 77 AVENUE
SUITE 100
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

14875 NW 77 AVENUE
100
MIAMI, FL 33014

New Mailing Address:

FEI Number: 65-0062530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FITZGERALD, PATRICK J ESQ.
110 MERRICK WAY
SUITE 3B
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: 9401 BISCAYNE BOULEVARD
City-St-Zip: MIAMI SHORES, FL 33138

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

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

Title: ASD
Name: MARIN, TOMAS M MSGR.
Address: 5400 S.W. 102 AVENUE
City-St-Zip: MIAMI, FL 33165

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

Title: D
Name: JAMAL, ASIF
Address: 1028 COTORRO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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

03/19/2012

Electronic Signature of Signing Officer or Director

_____ Date