


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 25 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N27112 (4)**

1. Corporation Name  
**CATHOLIC HOME HEALTH SERVICES OF BROWARD, INC.**



Principal Place of Business <b>3075 N.W. 35 AVE. LAUDERDALE LAKES FL 33311 US</b>	Mailing Address <b>3075 N.W. 35 AVE. LAUDERDALE LAKES FL 33311 US</b>
--	--

3. Date Incorporated or Qualified <b>06/23/1988</b>	
4. FEI Number <b>65-0062205</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PENNEKAMP, TOM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1434 SOUTH MIAMI AVENUE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD JOHNSON, BROTHER PAUL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 728 N.E. 1ST AVE.	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD HENNESSEY, WILLIAM, REV.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 9401 BISCAYNE BLVD	3.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	EVD HONOLD, THOMAS G.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 1050 NE 125TH ST	4.2 NAME	
STREET ADDRESS	N MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D VAUGHAN, JOHN J REV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 9401 BISCAYNE BLVD	5.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PENNEKAMP, TOM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1434 SOUTH MIAMI AVENUE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD JOHNSON, BROTHER PAUL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 728 N.E. 1ST AVE.	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD HENNESSEY, WILLIAM, REV.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 9401 BISCAYNE BLVD	3.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	EVD HONOLD, THOMAS G.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 1050 NE 125TH ST	4.2 NAME	
STREET ADDRESS	N MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D VAUGHAN, JOHN J REV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 9401 BISCAYNE BLVD	5.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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.

SIGNATURE: *Thomas G. Honold* Thomas G. Honold 2/18/98 305 891-8850 x6203

CR2E037 (10/97)