

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0028247

**DOCUMENT # N27112**

1. Entity Name

**CATHOLIC HOME HEALTH SERVICES OF BROWARD, INC.**

04-01-2002 90645 040 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3075 N.W. 35 AVE.  
 LAUDERDALE LAKES FL 33311  
 US

3075 N.W. 35 AVE.  
 LAUDERDALE LAKES FL 33311  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0062205**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>PENNEKAMP, TOM</b>	
STREET ADDRESS	<b>1436 S. MIAMI AVENUE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VCSD</b>	<input type="checkbox"/> Delete
NAME	<b>HENNESSEY, WILLIAM, REV.</b>	
STREET ADDRESS	<b>C/O 9401 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CATANIA, JOSEPH M</b>	
STREET ADDRESS	<b>291 NW 43 AVE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33066</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAWSON, RALPH E</b>	
STREET ADDRESS	<b>C/O 6855 RED RD STE., #600</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33143</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSASCO, EDWARD</b>	
STREET ADDRESS	<b>C/O 3663 S. MIAMI AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORIEGA, RUDY J</b>	
STREET ADDRESS	<b>C/O 1000 NE 56TH ST</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33334</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>781 CRANDON BLVD., APT. 405</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	

12. 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 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH M. CATANIA**

**3-5-02**

**954-484-1515**

CR2E037 (9/01)

Attachment  
Doc # N97112 / 522061

**FY 2002 Uniform Business Report (UBR)  
Attachment – Additional Directors**

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

D  
Rev. Msgr. Tomas Marin  
c/o 9401 Biscayne Boulevard  
Miami Shores, FL 33138

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

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

D  
Mr. Thomas O'Brien  
200 Ocean Lane Drive, #409  
Key Biscayne, FL 33149

D  
Michael T. Reilly, MD  
c/o 4875 N Federal Hwy, #800  
Fort Lauderdale, FL 33308

D  
Ms. Patricia Palamara  
4200 Mangrum Court  
Hollywood, FL 33021

D  
Len T. Sperry, MD, PhD  
c/o 11300 NE Second Avenue  
Miami Shores, FL 33161

D  
Mrs. Lourdes Sanchez  
9540 Journey's End Road  
Coral Gables, FL 33156

D  
Most Rev. Thomas Wenski  
c/o 9401 Biscayne Boulevard  
Miami Shores, FL 33138

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

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

D  
Bro. Raphael Mieszala  
c/o 726 NE 1<sup>st</sup> Avenue  
Miami, FL 33132

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