


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90064 012 ****70.00

DOCUMENT # N27112					
1. Entity Name CATHOLIC HOME HEALTH SERVICES OF BROWARD, INC.					
Principal Place of Business 3075 N.W. 35 AVE. LAUDERDALE LAKES, FL 33311 US			Mailing Address 3075 N.W. 35 AVE. LAUDERDALE LAKES, FL 33311 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0062205	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENNEKAMP, TOM		NAME		
STREET ADDRESS	1436 S. MIAMI AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VCSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENNESSEY, WILLIAM, REV.		NAME		
STREET ADDRESS	C/O 9401 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CATANIA, JOSEPH M.		NAME		
STREET ADDRESS	291 NW 43 AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33066		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWSON, RALPH E		NAME		
STREET ADDRESS	C/O 6855 RED RD STE., #600		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORIEGA, RUDY J		NAME		
STREET ADDRESS	781 CRANDON BLVD APT 405		STREET ADDRESS	3529 Gulfstream Way	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP	DAVE, FL 33328	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____		JOSEPH M. CATANIA		3/30/04 954-484-1515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

attachment

ANS 7/12

**FY 2004 Non-Profit Corporation Annual Report (UBR)
Attachment - Additional Directors**

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

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

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

D
Rev. Msgr. Tomas Marin
c/o 3900 N.W. 79 Avenue, Suite 731
Miami, FL 33166

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

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

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

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

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

D
Len T. Sperry, MD, PhD
1721 Victoria Pointe Circle
Weston, FL 33327

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

D
Asif D. Jamal
5301 Riviera Drive
Coral Gables, FL 33146

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

D
John E. Matuska
c/o 3663 South Miami Avenue
Miami, FL 33133

D
~~Ana Mederos~~
c/o 651 East 25th Street
Hialeah, FL 33013