المراجعة

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # N27112 1. Entity Name CATHOLIC HOME HEALTH SERVICES OF BROWARD, INC.						04-13-2005	90066 05	50 ****7(0.00	
3075 N.W. 3	e of Business 5 AVE. E LAKES, FL 33311 US	Mailing Address 3075 N.W. 35 AVE LAUDERDALE LAK	-							
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2. Principal Place of Business 3. Ma		3. Mailing Address	ailing Address			 	III OSBIJ DJUJI DLAJ	ii Busii Basii bid		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03112005	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State	City & State		4. FEI Number 65-0062				oplied For	
Zip	Country	Zip	Co	untry	5. Certificate o	f Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered A	gent		
FITZGER/	ALD, J. PATRICK			Name						
	RICK WAY, SUITE 3-B ABLES, FL 33134			Street Addre	ess (P.O. Box Number	is Not Acceptab	le)			
				City				Zip Cod	lo.	
				l			FL			
	named entity submits this statement fo tions of registered agent.	r the purpose of changir	ig its register	ed office or reg	gistered agent, or both	, in the State of ⊦	iorida. I am t	amiliar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered agent	and title it applicable.	(NOTE: Registere	sd Agent signature re	quired when reinstating)		DATE			
	Filing Fee is \$61.25	9. Election	(NOTE: Registere Campaign F Ind Contribut		\$5.00 May Be		Make check			
10.	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Trust Fu	Campaign Fund Contribut	Financing	\$5.00 May Be Added to Fees	Flo	Make check rida Depart	ment of S	tate .	
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indicated on this report or supplemental report e-true and accurate and that my signature shall have the same legal effect as if made under calt; that I am an officer or director of the corporation or the receiver or trustee impowered 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 add ess, with all other like empowered.

SIG	NATI	URE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 954-484-1515

ATTACHMENT 20038251

FY 2005 Non-Profit Corporation Annual Report (UBR) Attachment -- Additional Directors

AS/D

Rev. Msgr. John J. Vaughan 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. Thomas O'Brien 200 Ocean Lane Drive, #409 Key Biscayne, FL 33149

D

Ms. Patricia Palamara 4200 Mangrum Court Hollywood, FL 33021

D

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

D

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

D

Dr. Richard Turcotte c/o 9401 Biscayne Boulevard Miami Shores, FL 33138 D Rev. Msgr. Tomas Marin c/o 3900 N.W. 79 Avenue, Suite 731 Miami,FL 33166

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

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

D Asif D. Jamal 1028 Cotorro Avenuee Coral Gables, FL 33146

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

D Mark J. Panciera c/o 4200 Hollywood Blvd. Hollywood, FL 33021