


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90013 026 \*\*\*\*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**

40026756



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**65-0062205**

Applied For  
 Not Applicable

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	
<b>FITZGERALD, J. PATRICK 110 MERRICK WAY, SUITE 3-B CORAL GABLES, FL 33134</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	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	CD	<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 type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORIEGA, RUDY J			NAME			
STREET ADDRESS	3529 GULFSTREAM WAY			STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 33328			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZGERALD, J. PATRICK			NAME			
STREET ADDRESS	110 MERRICK WAY., STE 3B			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP			
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			

**RECEIVED**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** *2/6/07* **954-484-1515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40026756

# N27112

## FY 2007 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

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 146<sup>th</sup> Street

North Miami, FL 33181

D

Len T. Sperry, MD, PhD  
659 N.W. 38 Circle  
Boca Raton, FL 33431

D

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

D

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

D

Ana Mederos  
c/o 4775 Collins Avenue, #1908  
Miami Beach, FL 33141

D

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

D

Kenneth C. Fischer, MD  
1190 N.W. 95 Street, #402  
Miami, FL 33150

D

Aurelio Fernandez  
c/o 5000 W. Oakland Park Blvd.  
Lauderdale Lakes, FL 33313