


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90066 002 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03312008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0062205	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	VCSD	<input type="checkbox"/> Delete
NAME	HENNESSEY, WILLIAM, REV.	
STREET ADDRESS	C/O 9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CATANIA, JOSEPH M	
STREET ADDRESS	291 NW 43 AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33066	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LAWSON, RALPH E	
STREET ADDRESS	C/O 6855 RED RD STE., #600	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORIEGA, RUDY J	
STREET ADDRESS	3529 GULFSTREAM WAY	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FITZGERALD, J. PATRICK	
STREET ADDRESS	110 MERRICK WAY., STE 3B	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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		

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** 4/1/08 954-484-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40074249

W27112

FY 2008 Non-Profit Corporation Annual Report (UBR) Attachment – Additional Directors

AS/D

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

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

Mr. Bud Farrey
c/o 1850 NE 146th 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 1901 S.W. 172 Avenue
Miramar, FL 33181

D

Claudia de la Cruz
460 South Mashta Drive
Key Biscayne, FL 33149

D

Aristides Pallin
630 Sevilla Avenue
Coral Gables, FL 33134