

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27112

FILED
Mar 27, 2009
Secretary of State

Entity Name: CATHOLIC HOME HEALTH SERVICES OF BROWARD, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0062205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCSD () Delete
Name: HENNESSEY, WILLIAM, REV.
Address: C/O 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL

Title: P () Delete
Name: CATANIA, JOSEPH M
Address: 291 NW 43 AVE
City-St-Zip: POMPANO BEACH, FL 33066

Title: CD () Delete
Name: LAWSON, RALPH E
Address: C/O 6855 RED RD STE., #600
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: NORIEGA, RUDY J
Address: 3529 GULFSTREAM WAY
City-St-Zip: DAVIE, FL 33328

Title: AS () Delete
Name: FITZGERALD, J. PATRICK
Address: 110 MERRICK WAY., STE 3B
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASD () Change (X) Addition
Name: MARIN, TOMAS
Address: C/O 3900 N.W. 79 AVENUE, STE 731
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. CATANIA

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date