

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27112

FILED
Mar 15, 2010
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
Name: HENNESSEY, WILLIAM, REV.
Address: C/O 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL

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

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

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

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

Title: ASD
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 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 all other like empowered.

SIGNATURE: JOSEPH M. CATANIA

P

03/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date