

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27112

FILED  
Mar 19, 2012  
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: WORLEY, ELIZABETH A  
Address: C/O 9401 BISCAYNE BLVD  
City-St-Zip: MIAMI SHORES, FL 33138

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 5400 S.W. 102 AVENUE  
City-St-Zip: MIAMI, FL 33165

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

03/19/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date