

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36975

1. Entity Name

CATHOLIC HOSPICE FOUNDATION, INC.

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90155 016 ***122.50

Principal Place of Business

14100 PALMETTO FRONTAGE RD. STE 370
HIALEAH FL 33016

Mailing Address

14100 PALMETTO FRONTAGE RD. STE 370
HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0183293

Applied For

Not Applicable

Zip

Country

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

PATRICK, FITZGERALD J.
110 MERRICK WAY
SUITE 2C
CORAL GABLES FL 33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **FUNK, MORRIS S.**
STREET ADDRESS **14100 PALMETTO FRONTAGE ROAD, STE 370**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WENSKI, THOAMS G REV.**
STREET ADDRESS **14100 PALMETTO FRONTAGE RD. #370**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GONZALEZ, EDITH**
STREET ADDRESS **14100 PALMETTO FRONTAGE RD, STE 370**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MURPHY, SISTER MARY**
STREET ADDRESS **14100 Palmetto Frontage Rd. #370**
CITY-ST-ZIP **Miami Lakes FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Anthony J. Palumbo President & CEO

9-7/2001

305-822-2380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22920

1. Entity Name

CATHOLIC HOSPICE, INC.

Principal Place of Business

14100 PALMETTO FRONTAGE RD., SUITE 370
MIAMI FL 33016

Mailing Address

14100 PALMETTO FRONTAGE RD., SUITE 370
MIAMI FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0062530

Applied For

Not Applicable

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

FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 2-C
CORAL GABLES FL 33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME CATANIA, JOSEPH
STREET ADDRESS 14100 PALMETTO FRONTAGE ROAD, 370
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME DC
FUNK, MORRIS S.
STREET ADDRESS 14100 PALMETTO FRONTAGE RD., STE. 370
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
LOPEZ, RAUL
STREET ADDRESS 14100 PALMETTO FRONTAGE RD., STE. 370
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
HONOLD, THOMAS FR.
STREET ADDRESS 14100 PALMETTO FRONTAGE RD., STE. 370
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
PALUMBO, ANTHONY J
STREET ADDRESS 14100 PALMETTO FRONTAGE RD #370
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
WENSKI, THOMAS J
STREET ADDRESS 14100 PALMETTO FRONTAGE RD., STE. 370
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☒ Change ☐ Addition
NAME D/C
WENSKI, THOMAS J
STREET ADDRESS 9401 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33138

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Anthony J. Palumbo, President & CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/2001 305-822-2380

Date

Daytime Phone #

CR09037 (5/01)

ATTACHMENT

979085

Catholic HOSPICE

Serving People of All Faiths

BOARD OF DIRECTORS

Attachment to 2001 Filing
Florida Department of State
Division of Corporations

D

Manuel Anton, MD
Mercy Hospital
3663 South Miami Avenue
Miami, FL 33133

D

Christina Brochin, Esq.
Murai, Wald, Biondo & Moreno
25 S.E. Second Ave. #900
Miami, FL 33131

D

Father Roberto Garza
Corpus Christi Catholic Church
3220 NW 7th Avenue
Miami, FL 33127

D

Sister Edith Gonzalez
Mercy Hospital
3663 South Miami Avenue
Miami, FL 33133

D

Brenda McKenzie
1361 N. W. 130 Avenue
Pembroke Pines, FL 33028

D/S

Sister Mary Murphy
Martha Mary House
138 NE 111th Street
Miami Shores, FL 33161

D

Nanette O'Donnell
1685 Onaway Drive
Miami, FL 33133

D

Dr. Manolo Reyes
Mercy Hospital
3663 South Miami Avenue
Miami, FL 33133

D

Ms. Peggy Rudolph
321 NE 112th Street
Miami, FL 33161

D

Rabbi Solomon Schiff
Rabbinical Assoc. of Greater Miami
4200 Biscayne Blvd.
Miami, FL 33137

D

Sister Christine Tenn
11525 N. E. 2nd Avenue, #9
Miami Shores, FL 33161

D

Ms. Ady Pino Viera
843 Anastasia
Coral Gables, FL 33134

D

Sister Elizabeth Anne Worley, S.S.J.
Mercy Hospital
3663 South Miami Avenue
Miami, FL 33133

N22920
N36975