2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N36975 Sep 17, 2001 8:00 am Secretary of State 1. Entity Name CATHOLIC HOSPICE FOUNDATION, INC. 09-17-2001 90155 016 ***122.50 Principal Place of Business Mailing Address 14100 PALMETTO FRONTAGE RD. STE 370 14100 PALMETTO FRONTAGE RD. STE 370 HIALEAH FL 33016 HIALEAH FL 33016 979085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0183293 Not Applicable • Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ·Name 1. PATRICK, FITZGERALD J. Street Address (P.O. Box Number is Not Acceptable) 110 MERRICK WAY SUITE 2C CORAL GABLES FL 33134 City 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 Slonature, 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE ☐ Change ☐ Addition TITLE FUNK, MORRIS S. NAME 14100 PALMETTO FRONTAGE ROAD, STE 370 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition WENSKI, THOAMS G REV. NAME NAME 14100 PALMETTO FRONTAGE RD. #370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP TITLE Delete* ~ - Change - Addition TITLE GONZALEZ, EDITH NAME NAME 14100 PALMETTO FRONTAGE RD, STE 370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33016** ☐ Delete ☐ Change Addition TITLE D NAME NAME MURPHY, SISTER MARY STREET ADDRESS STREET ADDRESS 14100 Palmetto Frontage Rd. #370 CITY-ST-7IP CITY-ST-7IP Miami Lakes FL 33016 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 corporator 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SAME DONY J. P. P. DANS President & CEO

☐ Delete

9-7/2001

305-822-2380

☐ Change

☐ Addition

Daytime Phone #

DOCUMENT # N22920 1. Entity Name CATHOLIC HOSPICE, INC.						Affachment anass			
Principal Place of Business Mailing Address				- (-\		0.00	3 -50-1		
14100 PALMETTO FRONTAGE RD SUITE 370 14100 PALMETTO FRON MIAMI FL 33016 MIAMI FL 33016			age Rd., Suite 370			9/19085			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	65-0062530	<u></u>	pplied For at Applicable		
Zip Country		Zip	Country		5. Certificate of	f Status Desired	\$8.75 Add Fee Require		
•	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Registe	red Agent		
FITZGERALD, J. PATRICK 110 MERRICK WAY				Street Address (P.O. Box Number is Not Acceptable)					
				Silver Address (F.O. Dox Hamber to Not Address)					
SUITE 2-C CORAL GABLES FL 33134			,	City			FL Zip Cod	e ,	
	named entity submits this statement fo	register	L ed office or re	egistered agent, or both		<u> </u>			
F	Signature, typed or printed name of registered agent ILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be \$2	9. Election Ca	mpaign f	inancing	\$5.00 May Be Added to Fees	, Make Cl	heck Payable tment of State		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS AN	ID DIRECTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CATANIA, JOSEPH 14100 PALMETTO FRONTAGE MIAMI LAKES FL	ROAD, 370			.		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FUNK, MORRIS S. 14100 PALMETTO FRONTAGE MIAMI LAKES FL	RD., STE. 370					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, RAUL 14100 PALMETTO FRONTAGE MIAMI LAKES FL	RD., STE. 370	NAM STR	E ME EET ADDRESS Y-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONOLD, THOMAS FR. 14100 PALMETTO FRONTAGE MIAMI LAKES FL	PD., STE. 370					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALUMBO, ANTHONY J 14100 PALMETTO FRONTAGE MIAMI LAKES FL 33016	Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENSKI, THOMAS J 14100 PALMETTO FRONTAGE MIAMI LAKES FL 33016		CIT	ME LEET ADDRESS Y-ST-ZIP		NE BLVD. 33138	Change	Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied wit on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address	is rue and accurate and that powered to execute this repor with all other like empowered	my signa t as requ	ature shall haviired by Chap	d in Section 119.07(3)(i ve the same legal effec ter 617, Florida Statute	t as if made under dath; t s; and that my name app	nat I am an office ears in Block 10 c	r or director or Block 11 if	
SIGNATURE: Anthony J. Train of President oceo 9/7/2001 305-822-2380									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



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

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

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

NZZ9ZO N36975

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