

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06503

**Entity Name:** ST. ANNE'S NURSING CENTER, ST. ANNE'S RESIDENCE, INC.

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC0051008190**

**Current Principal Place of Business:**

11855 QUAIL ROOST DR  
MIAMI, FL 33177

**Current Mailing Address:**

11855 QUAIL ROOST DR  
MIAMI, FL 33177 US

**FEI Number: 59-2522488**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title VCSD  
Name WORLEY, ELIZABETH A  
Address C/O 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title P  
Name CATANIA, JOSEPH M  
Address 291 N.W. 43 AVE.  
City-State-Zip: COCONUT CREEK FL 33066

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

Title D  
Name FARREY, BUD  
Address C/O 1850 NE 146TH ST  
City-State-Zip: MIAMI FL 33181

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

Title DIRECTOR  
Name PANCIERA, MARK J  
Address 6001 NORTH OCEAN DRIVE, #1202  
City-State-Zip: HOLLYWOOD FL 33019

*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**

**PRESIDENT**

**03/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date