

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06503

FILED
Mar 21, 2017
Secretary of State
CC0616913857

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

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

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date