

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N11000010136

Entity Name: CATHOLIC HEALTH CARE TRANSITIONS SERVICES, INC.

Current Principal Place of Business:

3075 N.W. 35TH AVENUE
LAUDERDALE LAKES, FL 33311

Current Mailing Address:

4790 N STATE ROAD 7
LAUDERDALE LAKES, FL 33319 US

FEI Number: 45-3717633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK ESQ.
J. PATRICK FITZGERALD & ASSOCIATES, P.A.
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	C	Title	P
Name	LAWSON, RALPH E	Name	PALLIN, ARISTIDES
Address	6041 NW 74 TERRACE	Address	CATHOLIC HEALTH SERVICES, INC. 4790 N STATE RD 7
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	LAUDERDALE LAKES FL 33319
Title	S		
Name	WORLEY, SR. ELIZABETH SSJ		
Address	9401 BISCAYNE BOULEVARD		
City-State-Zip:	MIAMI SHORES FL 33138		

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: ARISTIDES PALLIN

P

11/02/2021

Electronic Signature of Signing Officer/Director Detail

Date