

**2016 FLORIDA NOT FOR PROFIT CORPORATION 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: Yes**

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

FITZGERALD, J. PATRICK ESQ.  
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  
Name LAWSON, RALPH E  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title TP  
Name CATANIA, JOSEPH M  
Address 291 NW 43 AVENUE  
City-State-Zip: COCONUT CREEK FL 33066

Title S  
Name WORLEY, ELIZABETH  
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: JOSEPH M. CATANIA**

**PRESIDENT**

**03/16/2016**

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

\_\_\_\_\_  
Date