

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13289

Entity Name: CATHOLIC HEALTH SERVICES, INC.

Current Principal Place of Business:

4790 N STATE RD 7
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4790 N STATE RD 7
LAUDERDALE LAKES, FL 33319 US

FEI Number: 59-2645139

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK
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 VCSD
Name WORLEY, ELIZABETH A
Address 9401 BISCAYNE BLVD
City-State-Zip: MIAMI SHORES FL 33138

Title CD
Name LAWSON, RALPH E
Address 6041 NW 74 TERRACE
City-State-Zip: PARKLAND FL 33067

Title AS
Name FITZGERALD, J. PATRICK
Address J. PATRICK FITZGERALD &
ASSOCIATES, P.A.
110 MERRICK WAY SUITE 3-B
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

Title ASST. SECRETARY, DIRECTOR
Name ZIRILLI, DAVID
Address 5220 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title P
Name PALLIN, ARISTIDES
Address CATHOLIC HEALTH SERVICES, INC.
4790 N STATE RD 7
City-State-Zip: LAUDERDALE LAKES FL 33319

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: J. PATRICK FITZGERALD

AS

11/01/2021

Electronic Signature of Signing Officer/Director Detail

_____ Date