2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13289

Entity Name: CATHOLIC HEALTH SERVICES, INC.

FILED
Apr 19, 2024
Secretary of State
4588056657CC

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 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: J. PATRICK FITZGERALD, ESQ. 04/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title VCSD Title CD

Name WORLEY, SSJ, ELIZABETH A. SR. Name LAWSON, RALPH E.

Address ARCHDIOCESE OF MIAMI Address 6041 NW 74 TERRACE

9401 BISCAYNE BLVD City-State-Zip: PARKLAND FL 33067

City-State-Zip: MIAMI SHORES FL 33138

Title S

Name FRICK, MARY JO CEO Name FITZGERALD, J. PATRICK ESQ.

Address CATHOLIC HEALTH SERVICES, INC. ASSOCIATES, P.A.

4790 N STATE RD 7 ASSOCIATES, P.A. 110 MERRICK WAY SUITE 3B

Address

City-State-Zip: LAUDERDALE LAKES FL 33319 City-State-Zip: CORAL GABLES FL 33134

Title D Title D

Name PALAMARA, PATRICIA Name FARREY, BUD

Address 5751 N. STERLING RANCH DRIVE Address 1315 BAY TERRACE

City-State-Zip: DAVIE FL 33314 City-State-Zip: NORTH BAY VILLAGE FL 33141

Title D Title D

Name TAYLOR, PATRICK DR. Name ROMANO, VICTOR DR.

Address 35 CIRCUIT ROAD Address 725 NE 114 STREET

City-State-Zip: CAPE NEDDICK ME 03902 City-State-Zip: BISCAYNE PARK FL 33161

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J. PATRICK FITZGERALD &

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: MARY JO FRICK, CEO P 04/19/2024

Officer/Director Detail Continued:

Title D Title D

Name CATALLO, CHRISTOPHER Name ANTON,III, MANUEL P. DR.

Address 840 JACK PINE DRIVE Address 11233 SW 72 AVENUE
City-State-Zip: OAKLAND MI 48306 City-State-Zip: PINECREST FL 33156