

**2024 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 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.

04/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VCSD  
Name WORLEY, SSJ, ELIZABETH A. SR.  
Address ARCHDIOCESE OF MIAMI  
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 P  
Name FRICK, MARY JO CEO  
Address CATHOLIC HEALTH SERVICES, INC.  
4790 N STATE RD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title AS  
Name FITZGERALD, J. PATRICK ESQ.  
Address J. PATRICK FITZGERALD &  
ASSOCIATES, P.A.  
110 MERRICK WAY SUITE 3B  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name PALAMARA, PATRICIA  
Address 5751 N. STERLING RANCH DRIVE  
City-State-Zip: DAVIE FL 33314

Title D  
Name FARREY, BUD  
Address 1315 BAY TERRACE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title D  
Name TAYLOR, PATRICK DR.  
Address 35 CIRCUIT ROAD  
City-State-Zip: CAPE NEDDICK ME 03902

Title D  
Name ROMANO, VICTOR DR.  
Address 725 NE 114 STREET  
City-State-Zip: BISCAYNE PARK FL 33161

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*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

04/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name CATALLO, CHRISTOPHER  
Address 840 JACK PINE DRIVE  
City-State-Zip: OAKLAND MI 48306

Title D  
Name STAUB, JULIE  
Address 7221 SW 6TH STREET  
City-State-Zip: PLANTATION FL 33317

Title D  
Name ANTON,III, MANUEL P. DR.  
Address 11233 SW 72 AVENUE  
City-State-Zip: PINECREST FL 33156