## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13289

Entity Name: CATHOLIC HEALTH SERVICES, INC.

**FILED** Jan 27, 2023 **Secretary of State** 4715965529CC

## **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: Yes

## 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. 01/27/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **VCSD** Title CD

WORLEY, SSJ. ELIZABETH A SR. Name Name LAWSON, RALPH E Address ARCHDIOCESE OF MIAMI Address 6041 NW 74 TERRACE 9401 BISCAYNE BLVD PARKLAND FL 33067 City-State-Zip:

MIAMI SHORES FL 33138 City-State-Zip:

110 MERRICK WAY SUITE 3-B

Title Title AS

Name PALLIN, ARISTIDES CEO Name FITZGERALD, J. PATRICK ESQ.

CATHOLIC HEALTH SERVICES, INC. Address Address J. PATRICK FITZGERALD &

4790 N STATE RD 7 ASSOCIATES, P.A. City-State-Zip: LAUDERDALE LAKES FL 33319

City-State-Zip: CORAL GABLES FL 33134

SIGNATURE: ARISTIDES PALLIN

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.

**CEO**