

2020 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes**Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK
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	C/O 9401 BISCAYNE BLVD
City-State-Zip:	MIAMI SHORES FL 33138

Title	P
Name	CATANIA, JOSEPH M
Address	291 N.W. 43 AVE.
City-State-Zip:	COCONUT CREEK FL 33066

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

Title	AS
Name	FITZGERALD, J. PATRICK
Address	110 MERRICK WAY., STE 3B
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

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****02/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date