

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000010650

Entity Name: CHS ST. JOSEPH MANOR II, 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**FEI Number:** 87-2647372**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 3B
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.

04/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title ASD
Name ZIRILLI, V.F., DAVID REV.
Address NATIVITY CATHOLIC CHURCH
5220 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title D
Name PANCIERA, MARK
Address PANCIERA ENTERPRISES
6001 N OCEAN DR. #1202
City-State-Zip: HOLLYWOOD FL 33019

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

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

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

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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: J. PATRICK FITZGERALD, ESQ.

AS

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name FERNANDEZ, AURELIO CEO
Address MEMORIAL HEALTHCARE SYSTEM
EXECUTIVE OFFICES 3111 STIRLING ROAD
City-State-Zip: HOLLYWOOD FL 33312

Title D
Name BARNETT, LESLIE KENNETH
Address 5401 TAYLOR STREET
City-State-Zip: HOLLYWOOD FL 33021

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

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

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 ST
City-State-Zip: BISCAYNE PARK FL 33161

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