2024 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: Yes

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.

01/31/2024

FILED Jan 31, 2024

Secretary of State

2502895520CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title VCSD

Name PALLIN, ARISTIDES CEO Name WORLEY, SSJ. ELIZABETH A. SR.

Address CATHOLIC HEALTH SERVICES, INC. Address ARCHDIOCESE OF MIAMI 9401 BISCAYNE BLVD

4790 N STATE RD 7

LAUDERDALE LAKES FL 33319 MIAMI SHORES FL 33319 City-State-Zip: City-State-Zip:

Title AS Title CD

Name FITZGERALD, J. PATRICK ESQ. Name LAWSON, RALPH E. Address J. PATRICK FITZGERALD & Address 6041 NW 74 TERRACE

ASSOCIATES, P.A.

City-State-Zip: PARKLAND FL 33067 110 MERRICK WAY SUITE 3B

City-State-Zip: CORAL GABLES FL 33134

Title

FARREY, BUD Name Title D

Address 1315 BAY TERRACE Name PALAMARA, PATRICIA

City-State-Zip: NORTH BAY VILLAGE FL 33141 Address 5751 N STERLING RANCH DRIVE

City-State-Zip: DAVIE FL 33314 Title D

Name ROMANO, VICTOR DR. Title D

725 NE 114 ST Address Name TAYLOR, PATRICK DR.

City-State-Zip: BISCAYNE PARK FL 33161 Address 35 CIRCUIT ROAD

City-State-Zip: CAPE NEDDICK ME 03902 Continues on page 2

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.

01/31/2024 SIGNATURE: ARISTIDES PALLIN CEO/PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

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 CATALLO, CHRISTOPHER

Address 840 JACK PINE DRIVE

City-State-Zip: OAKLAND MI 48306