2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000013121

Entity Name: CHS ST. MARY TOWERS, INC.

Current Principal Place of Business:

4790 NORTH STATE ROAD 7 LAUDERDALE LAKES. FL 33319

Current Mailing Address:

4790 NORTH STATE ROAD 7 LAUDERDALE LAKES. FL 33319 US

FEI Number: 88-4333331 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

J. PATRICK FITZGERALD, ESQUIRE 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

FILED Jan 30, 2024

Secretary of State

1353318145CC

Officer/Director Detail:

Title Title D

MS. PATRICIA PALAMARA MR. BUD FARREY Name Name

5751 N. STERLING RANCH DRIVE 1315 BAY TERRACE ROAD 7 Address Address

City-State-Zip: NORTH BAY VILLAGE FL 33141 DAVIE FL 33314 City-State-Zip:

DVPS Title Title D

Name SISTER ELIZABETH WORLEY, SSJ DR. PATRICK TAYLOR Name Address 9401 BISCAYNE BOULEVARD Address 35 CIRCUIT ROAD

MIAMI SHORES FL 33138 City-State-Zip: City-State-Zip: CAPE NEDDICK ME 03902

Title Title D

Name DR. MANUEL P. ANTON III DR. VICTOR ROMANO Name Address 11233 SW 72 AVENUE 725 N.E. 114 STREET Address City-State-Zip: PINECREST FL 33156 BISCAYNE PARK FL 33161 City-State-Zip:

Title Title

MR. CHRISTOPHER CATALLO Name MS. JULIE STAUB Name

840 JACK PINE DRIVE Address 7221 SW 6TH STREET Address City-State-Zip: OAKLAND MI 48306 City-State-Zip: PLANTATION FL 33317

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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.

01/30/2024 SIGNATURE: ARISTIDES PALLIN CEO/PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title D

Name MR. RALPH LAWSON Name ARISTIDES PALLIN

Address 6041 NW 74 TERRACE Address 4790 NORTH STATE ROAD 7

City-State-Zip: PARKLAND FL 33067 City-State-Zip: LAUDERDALE LAKES FL 33319

Title

Ρ

Title AS

Name J. PATRICK FITZGERALD, ESQ. Address 4790 NORTH STATE ROAD 7

City-State-Zip: LAUDERDALE LAKES FL 33319