

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27112

Entity Name: CATHOLIC HOME HEALTH SERVICES OF BROWARD, INC.

Current Principal Place of Business:

3075 N.W. 35 AVE.
LAUDERDALE LAKES, FL 33311

Current Mailing Address:

3075 N.W. 35 AVE.
LAUDERDALE LAKES, FL 33311 US

FEI Number: 65-0062205

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 NW 43 AVE
City-State-Zip: POMPANO BEACH FL 33066

Title CD
Name LAWSON, RALPH E
Address C/O 6855 RED RD STE., #600
City-State-Zip: CORAL GABLES FL 33143

Title D
Name NORIEGA, RUDY J
Address 3529 GULFSTREAM WAY
City-State-Zip: DAVIE FL 33328

Title AS
Name FITZGERALD, J. PATRICK
Address 110 MERRICK WAY., STE 3B
City-State-Zip: CORAL GABLES FL 33134

Title ASD
Name MARIN, TOMAS
Address C/O 5400 S.W. 102 AVENUE
City-State-Zip: MIAMI FL 33165

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

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date