FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name N93000002229 (3)

HOLY CROSS HEALTH CORPORATION

FILED Apr 12 1996 8:00 am Secretary of State

Principal Place	e of Business	Mailing Address SISTER SHEILA CARNEY 4725 NORTH FEDERAL HWY. FORT LAUDERDALE FL 33308-4603			t rangerum and soned stritt Matte Meter datet übere sone stall tibe bill tibe bill tibe					
4725 NORTH	HEILA CARNEY FEDERAL HWY. RDALE FL 33308-4603									
					3. Date Incorporated or Qualified					
'	ace of Business	2a. Mailing Address			4. FEI Number	1	Ť	Applied For		
21		26	26			65-0216989 Not Applicab			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired			75 Additional ee Required		
City & State	9	City & State	City & State			6. Election Campaign Financing	<u> </u>	\$5	.00 May Be	
23		28	- L			Trust Fund Contribution		Added to Fees		
Ziρ	Country	Z _I p	Country				is corporation has liability for intangible tax under s. 199,032,			
24	9. Name and Address of Curren	t Registered Agent	Stored Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	5. Name and Address of Curren	it negistered Agent		81	Name	10. Name and Address of New Me	gistered A	gent		
CADMEN	COTED OFFILE		l		(NOFFIG					
Carney, Sister Sheila 4725 North Federal Hwy.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
			ŀ	83	.,					
FORT LA	AUDERDALE FL 33308		1							
			[84	City		FL	B 5	Zip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617 1508. Florida Statut	es the abov	/O · D	amed cornora	ation submits this statement for the purpo	oo of obor		to registered office	
or register	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	ia. Such change was authoriz	red by the co	orpo	oration's board	d of directors. I hereby accept the appoin	itment as r	egiste	red agent. I am	
	in, and accept the obligations of, Secti	on on local statutes	S.							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	DTE: Registered	Agon:	signature required	when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN 12	
TITLE	T	DELETE	1.1 (1)	ιE				Chang		
NAME	TUOHY, JOSEPH J		1.2 NAME							
STREET ADDRESS	% 1 FINANCIAL PLAZA		13 STREET ADDR		ADDRESS				I	
CITY - ST - ZIP	FT LAUDERDALE FL	14 CITY-		Y-\$1	T-ZIP					
TITLE	7	DELETE	2 1 TIT	LE] Chang	ge 🔲 Addition	
NAME	CASE, CY J		2 2 NAN							
STREET ADDRESS	% 4367 N. FEDERAL HWY		2.3 STH		ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CITY-ST-		T-ZIP					
TITLE	C	DEFELE	☐ DELETE 3 1 TITLE] Chang	e 🖺 Addition	
NAME	MILLSAPS, FRED R		3.2 NA							
STREET ADDRESS	2665 N.E. 37 DRIVE		3.3 STF	REET	ADORESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33308		3.4. CIT		T-ZIP					
TITLE	 	DELETE	4 1 1110] Chang	e 🔲 Addition	
NAME	BANKS, WALTER L		4 2 NA							
STREET ADDRESS	1700 S. OCEAN LANE				ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33316	Doctor	4.4 CIT		- ZIP			10:		
TITLE	P CADMEY CICTED CHELLA	DELETE	5 1 TITL] Chang	je 🔲 Addition	
NAME CIOCCI ADODECC	CARNEY, SISTER SHEILA		5 2 NAN							
STREET ADDRESS	4725 N. FEDERAL HWY.				ADDRESS					
CITY-S1-ZIP TITLE	FT LAUDERDALE FL 33308	DELETE	5.4 CH) Chano	e XX Addition	
NAME			61 7171		T		L	j unang	e Tal Addition	
STREET ADDRESS			6.2 NAA		wi Wi	illiam F. Leonard				
CITY-SI-ZIP					ADDRESS 48	375 N. Federal Highway ort Lauderdale, FL 33	X			
	v certify that the information supplied v	with this filing is voluntarily furn	64 CIT		not qualify for	the exemption stated in Section 119.07	339	do Sta	tutes I further	

red by deathy that the information supplied with this tiling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Shula Comer RSM March 24, 1896

Dignature and typed or printed name of signing officer or director Date

Da

412.578-6224