

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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # N93000002229 (3)

1. Corporation Name

HOLY CROSS HEALTH CORPORATION

Principal Place of Business

Mailing Address

% SISTER SHEILA CARNEY
4725 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 33308-4603

% SISTER SHEILA CARNEY
4725 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 33308-4603



3. Date Incorporated or Qualified
04/23/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0216989

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARNEY, SISTER SHEILA
4725 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 33308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TUOHY, JOSEPH J ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**TUOHY, JOSEPH J
% 1 FINANCIAL PLAZA
FT LAUDERDALE FL**

CASE, CY J ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**CASE, CY J
% 4367 N. FEDERAL HWY
FT LAUDERDALE FL**

MILLSAPS, FRED R ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**MILLSAPS, FRED R
2665 N.E. 37 DRIVE
FT LAUDERDALE FL 33308**

BANKS, WALTER L ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**BANKS, WALTER L
1700 S. OCEAN LANE
FT LAUDERDALE FL 33316**

CARNEY, SISTER SHEILA ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**CARNEY, SISTER SHEILA
4725 N. FEDERAL HWY.
FT LAUDERDALE FL 33308**

William F. Leonard ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**William F. Leonard
4875 N. Federal Highway
Fort Lauderdale, FL 33339**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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** *Sheila Carney RSM*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 1996

412-578-6224

Date

Daytime Phone #

CR2E037 (12/95)