


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90128 036 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002229					
1. Corporation Name HOLY CROSS HOSPITAL, INC.					
Principal Place of Business 4725 NORTH FEDERAL HWY FORT LAUDERDALE FL 33308-4603			Mailing Address 4725 NORTH FEDERAL HWY FORT LAUDERDALE FL 33308-4603		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/23/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0216989	
24 Country		29 Country		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	

9. Name and Address of Current Registered Agent GRANGER, ROBERT P HOLY CROSS HOSPITAL, INC 4725 N FEDERAL HWY FT LAUDERDALE FL 33308				10. Name and Address of New Registered Agent 81 Name Johnson, John C. 82 Street Address (P.O. Box Number is Not Acceptable) Holy Cross Hospital, Inc. 83 4725 N. Federal Highway 84 City Fort Lauderdale FL 85 Zip Code 33308			
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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		John C. Johnson, President and CEO		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	T	NAME	CARNEY, SHEILA SR. RSM	STREET ADDRESS	3333 FIFTH AVE.
CITY-ST-ZIP	PITTSBURGH PA 15213				
TITLE	T	NAME	SCARPINO, GEORGINE J SR. RSM	STREET ADDRESS	3333 FIFTH AVE.
CITY-ST-ZIP	PITTSBURGH PA 15213				
TITLE	T	NAME	BOSSE, MARJORIE	STREET ADDRESS	2335 GRANDVIEW AVE
CITY-ST-ZIP	CINCINNATI OH 45206				
TITLE	ST	NAME	WELSH, SUSAN	STREET ADDRESS	3333 5TH AVE
CITY-ST-ZIP	PITTSBURGH PA 15213				
TITLE	CT	NAME	MARIN, THOMAS M	STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES FL 33161				
TITLE	PCEO	NAME	JOHNSON, JOHN C.	STREET ADDRESS	4725 N FEDERAL HWY
CITY-ST-ZIP	FT LAUDERDALE FL 33308				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Trustee	1.2 NAME	Zachariah, M.D., M.P.	1.3 STREET ADDRESS	4725 N. Federal Highway
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308				
2.1 TITLE	Trustee	2.2 NAME	Durkin, Harry	2.3 STREET ADDRESS	4450 NE 25th Avenue
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308				
3.1 TITLE	Trustee	3.2 NAME	Bosse, R.S.M., Sr. Marjorie	3.3 STREET ADDRESS	615 Elsinore Place
3.4 CITY-ST-ZIP	Cincinnati, OH 45202				
4.1 TITLE	Vice Chairman, Secretary,	4.2 NAME	Welsh, R.S.M. Sr. Susan	4.3 STREET ADDRESS	3333 Fifth Avenue
4.4 CITY-ST-ZIP	Pittsburgh, PA 15213				
5.1 TITLE	Chairman, Trustee	5.2 NAME	Marin, Tomas M.	5.3 STREET ADDRESS	9401 Biscayne Boulevard
5.4 CITY-ST-ZIP	Miami Shores, FL 33161				
6.1 TITLE	Trustee	6.2 NAME	O'Toole, William	6.3 STREET ADDRESS	1215 E. Broward Boulevard
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 John C. Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 954-492-5725

Date Daytime Phone #

CR2E037 (1/98)

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444773-9028-36

Holy Cross Hospital, Inc.
1999 Annual Report
Additions/Changes to Officers and Directors in 12 (continued)

12.	Officers and Directors	13. Additions/Changes to Officers and Directors in 12.
Title	Trustee	
Name	Jane Conti	
Street Address	4725 N. Federal Highway	
City-ST-Zip	Fort Lauderdale, FL 33308	
Title	Trustee	
Name	Vincent DiGennaro, M.D.	
Street Address	1960 N.E. 47 th Street	
City-ST-Zip	Fort Lauderdale, FL 33308	
Title	Acting Vice President Medical Affairs/Trustee	
Name	Michael Raybeck, M.D.	
Street Address	4701 N. Federal Highway, Suite C6	
City-ST-Zip	Fort Lauderdale, FL 33308	
Title	Trustee DELETE	
Name	Charles F. Tate, M.D.	
Street Address	4725 N. Federal Highway	
City-ST-Zip	Fort Lauderdale, FL 33308	
Title	Trustee	
Name	Paul Tocci, M.D.	
Street Address	4800 N.E. 20 th Terrace	
City-ST-Zip	Fort Lauderdale, FL 33308	