

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002229

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

Attn: Legal Affairs Dept.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, JOHN C  
HOLY CROSS HOSPITAL, INC  
4725 N FEDERAL HWY  
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARNEY, SHEILA SR. RSM 3333 FIFTH AVE. PITTSBURGH PA 15213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCARPINO, GEORGINE J SR. RSM 3333 FIFTH AVE. PITTSBURGH PA 15213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS BOSSE, MARJORIE 615 ELSINORE PLACE CINCINNATI OH 45202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS WELSH, SUSAN 3333 5TH AVE PITTSBURGH PA 15213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MARIN, THOMAS M 9401 BISCAYNE BLVD MIAMI SHORES FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JOHNSON, JOHN C 4725 N FEDERAL HWY FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carney, R.S.M., Sr. Sheila 8300 Colesville Rd, Suite 300 Silver Springs, MD 20910	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90287 002 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number See attached letter. Applied For  
65-0216989 - Not Applicable  
59-0791028  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR25037 (9/00)

4-27-00

9544925725

ADD  
N930000228  
DN 49568

Holy Cross Hospital, Inc.  
2000 Annual Report  
Additions/Changes to Officers and Directors in 10 (continued)

10.	Officers and Directors	11. Additions/Changes to Officers and Directors in 10.
Title	Trustee <b>DELETE</b>	Trustee <b>ADD</b>
Name	Jane Conti	Elinor Stephens
Street Address	4725 N. Federal Highway	4725 N. Federal Highway
City-ST-Zip	Fort Lauderdale, FL 33308	Fort Lauderdale, FL 33308
Title	Trustee	
Name	Vincent DiGennaro, M.D.	
Street Address	1960 N.E. 47 <sup>th</sup> Street	
City-ST-Zip	Fort Lauderdale, FL 33308	
Title	Acting Vice President Medical Affairs/Trustee	Vice President Medical Affairs/Trustee <b>CHANGE</b>
Name	Michael Raybeck, M.D.	Michael Raybeck, M.D.
Street Address	4701 N. Federal Highway, Suite C6	4800 N.E. 20 <sup>th</sup> Terrace, Suite 207
City-ST-Zip	Fort Lauderdale, FL 33308	Fort Lauderdale, FL 33308
Title	Trustee	Trustee <b>ADD</b>
Name		Maureen Shea
Street Address		2101 W. Commercial Boulevard
City-ST-Zip		Suite 2000 Fort Lauderdale, FL 33309

Held  
N 9311111111111111  
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10.	Officers and Directors	11. Additions/Changes to Officers and Directors in 10.
Title	Trustee	
Name	M. P. Zachariah, 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 <sup>th</sup> Terrace	
City-ST-Zip	Fort Lauderdale, FL 33308	