2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # N93000002229 1. Entity Name HOLY CROSS HOSPITAL, INC. 05-15-2000 90287 002 ****70 00 Principal Place of Business Mailing Address 4725 NORTH FEDERAL HWY 4725 NORTH FEDERAL HWY FORT LAUDERDALE FL 33308-4803 FORT LAUDERDALE FL 33308-4603 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Legal Affairs Dept. Attn: 4. FEI Number See attached letter. Applied For City & State City & State -65=0216989 -Not Applicable 59-0791028 5. Certificate of Status Desired \$8.75 Additional Zip Country Ζip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, JOHN C HOLY CROSS HOSPITAL, INC 4725 N FEDERAL HWY City Zip Code FT LAUDERDALE FL 33308 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. XIXI Change ☐ Addition TITLE Delete TITLE Carney, R.S.M., Sr. Sheila NAME NAME CARNEY, SHEILA SR. RSM 8300 Colesville Rd, Suite 300 STREET ADDRESS STREET ADDRESS 3333 FIFTH AVE. CITY-ST-ZIP CITY-ST-ZIP Silver Springs, MD 20910 PITTSBURGH PA 15213 Change ☐ Addition TITLE ☐ Delete TITLE SCARPINO, GEORGINE J SR. RSM NAME NAME STREET ADDRESS STREET ADDRESS 3333 FIFTH AVE. CITY-ST-7IP CITY-ST-ZIP PITTSBURGH PA 15213 ☐ Change ☐ Addition VCS Delete TITLE TITLE BOSSE, MARJORIE NAME STREET ADDRESS STREET ADDRESS 615 ELSINORE PLACE CITY-ST-ZIP CITY-ST-ZIP **CINCINNATI OH 45202** ☐ Change Addition Delete VCS TITLE TITLE NAME WELSH, SUSAN NAME STREET ADDRESS STREET ADDRESS 3333 5TH AVE CITY-ST-ZIP CITY-ST-ZIP PITTSBURG PA 15213 Change ☐ Addition ☐ Delete TITLE TITLE NAME MARIN, THOMAS M NAME STREET ADDRESS STREET ADDRESS 9401 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33161 ☐ Change ☐ Addition **PCEO** ☐ Delete TITLE JOHNSON, JOHN C NAME NAME STREET ADDRESS STREET ADDRESS 4725 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 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 employed 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.

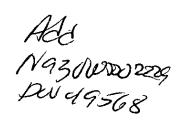
SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

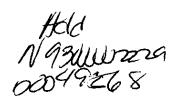
9544925725

Daytime Phone #



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



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 th Terrace	-
City-ST-Zip	Fort Lauderdale, FL 33308	