

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90411 001 \*\*\*508.75

**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  
 ATTN: LEGAL AFFAIRS DEPT  
 FORT LAUDERDALE FL 33308-4603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0791028**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CARNEY, SHEILA SR. RSM 8300 COLESVILLE RD, STE 300 SILVER SPRING MD 20910</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SCARPINO, GEORGINE J SR. RSM 3333 FIFTH AVE. PITTSBURGH PA 15213</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BOSSE, MARJORIE 615 ELSINORE PLACE CINCINNATI OH 45202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCST WELSH, SUSAN 3333 5TH AVE PITTSBURG PA 15213</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C MARIN, TOMAS M 9401 BISCAYNE BLVD MIAMI SHORES FL 33161</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCEO JOHNSON, JOHN C 4725 N FEDERAL HWY FT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

(SEE ATTACHMENT FOR REMAINING TRUSTEES)

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:**

**John C. Johnson, President/CEO**

**4/24/02**

**(954) 492-5725**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Holy Cross Hospital, Inc.  
 2002 Uniform Business 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 Sr. Patricia Mary Hespelein, R.S.M. 1400 Locust Street Pittsburgh, PA 15219-5166	<b>ADD</b>
Title Name Street Address City-ST-Zip	Trustee Elinor Stephens 4725 N. Federal Highway Fort Lauderdale, FL 33308	
Title Name Street Address City-ST-Zip	Trustee Vincent DeGennaro, M.D. 1960 N.E. 47 <sup>th</sup> Street Fort Lauderdale, FL 33308	
Title Name Street Address City-ST-Zip	Vice President Medical Affairs/Trustee Michael Raybeck, M.D. 4800 N.E. 20 <sup>th</sup> Terrace, Suite 207 Fort Lauderdale, FL 33308	<b>DELETE</b>
Title Name Street Address City-ST-Zip	Trustee Maureen Shea 2101 W. Commercial Blvd Suite 2000 Fort Lauderdale, FL 33309	
Title Name Street Address City-ST-Zip	Trustee M. P. Zachariah, M.D. 4725 N. Federal Highway Fort Lauderdale, FL 33308	
Title Name Street Address City/ST/Zip	Trustee Paul Meli, M.D. 2151 E. Commercial Blvd Suite 300 Fort Lauderdale, FL 33308	<b>DELETE</b>

10.	Officers and Directors	11. Additions/Changes to Officers and Directors in 10.
Title Name Street Address City/ST/Zip	Trustee Cristina Mata, M.D. 4701 N. Federal Highway, A-27 Fort Lauderdale, FL 33308	
Title Name Street Address City-ST-Zip	Trustee Ronald Tuttleman, M.D. 5601 N. Dixie Highway, Suite 415 Fort Lauderdale, FL 33334	<b>ADD</b>
Title Name Street Address City-ST-Zip	Trustee Josie Bacallao 200 E. Las Olas Blvd, 12 <sup>th</sup> Floor Fort Lauderdale, FL 33301	
Title Name Street Address City-ST-Zip	Trustee Fr. John McLaughlin 1701 E. Oakland Park Blvd. Oakland Park, FL 33334	
Title Name Street Address City-ST-Zip	Trustee Michaelle Valbrun-Pope 120 NE 11 Street Fort Lauderdale, FL 33308	
Title Name Street Address City-ST-Zip	Trustee Susan Schulz 1701 E. Oakland Park Blvd. Oakland Park FL 33334	
Title Name Street Address City-ST-Zip	Trustee Thomas Shaughnessy 1120 NW 54 Street Fort Lauderdale, FL 33309	
Title Name Street Address City-ST-Zip	Trustee Rabbi Ivan Wachmann 132 SE 11 Street Pompano Beach, FL 33060	