

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002229

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: HOLY CROSS HOSPITAL, INC.

## Current Principal Place of Business:

4725 NORTH FEDERAL HWY  
FORT LAUDERDALE, FL 333084603

## New Principal Place of Business:

## Current Mailing Address:

4725 NORTH FEDERAL HWY  
ATTN: LEGAL AFFAIRS DEPT  
FORT LAUDERDALE, FL 333084603

## New Mailing Address:

FEI Number: 59-0791028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: HESPELEIN, PATRICIA MARY SR, RSM  
Address: 1400 LOCUST STREET  
City-St-Zip: PITTSBURGH, PA 15219

Title: VC ( ) Delete  
Name: BACALLAO, JOSIE  
Address: 5840 JOHNSON STREET  
City-St-Zip: HOLLYWOOD, FL 33304

Title: T ( ) Delete  
Name: BOSSE, MARJORIE SR, RSM  
Address: 615 ELSINORE PLACE  
City-St-Zip: CINCINNATI, OH 45202

Title: STR ( ) Delete  
Name: WELSH, SUSAN SR, RSM  
Address: 3333 5TH AVE  
City-St-Zip: PITTSBURGH, PA 15213

Title: PCEO ( ) Delete  
Name: JOHNSON, JOHN C  
Address: 4725 N FEDERAL HWY  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: T ( ) Delete  
Name: MURPHY, RSM, CECELIA SR.  
Address: 3333 FIFTH AVENUE  
City-St-Zip: PITTSBURGH, PA 15213

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: SHAUGHNESSY, THOMAS  
Address: 1120 NW 54TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. JOHNSON

PCEO

04/27/2006

Electronic Signature of Signing Officer or Director

Date