
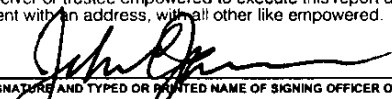


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90252 036 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0791028	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HESPELEIN, PATRICIA MARY SR, RSM 1400 LOCUST STREET PITTSBURGH, PA 15219 <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	VC SHAUGHNESSY, THOMAS 1120 NW 54TH STREET FORT LAUDERDALE, FL 33309 <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	T BOSSE, MARJORIE SR, RSM 615 ELSINORE PLACE CINCINNATI, OH 45202 <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	STR WELSH, SUSAN SR, RSM 3333 5TH AVE PITTSBURGH, PA 15213 <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	PCEO JOHNSON, JOHN C 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308 <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	T MURPHY, RSM, CECILIA SR. 3333 FIFTH AVENUE PITTSBURGH, PA 15213 <input type="checkbox"/> Delete		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 exemptions contained 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 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 4-24-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					
PRESIDENT & CEO					

ATTACHMENT

Attachment to 2008 Not-For-Profit Corporation
Annual Report
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40091865

Holy Cross Hospital, Inc.
Document #N93000002229

11. Additions to Officers and Directors

T
Sr. Fidelis McDonough, RSM
3333 Fifth Avenue
Pittsburgh, PA 15213

T
Sr. Margaret Hannan, RSM
3333 Fifth Avenue
Pittsburgh, PA 15213

T (Change)
Sr. Margaret Hannan, RSM
1908 10K Canterbury Lane
Sun City, FL 33573

T
Lawrence Dorf, M.D.
50 N.E. 26th Avenue, Suite 303
Pompano Beach, FL 33062

T
Mr. Keith Koenig
6707 North Hiatus Road
Tamarac, FL 33321

T
Jonathan Levine, M.D.
4801 North Federal Highway, #101
Fort Lauderdale, FL 33308

T (Delete)
Cristina Mata, M.D.
4701 N. Federal Highway, A-27
Fort Lauderdale, FL 33308

T (Add)
Raul Tapia, M.D.
4725 N. Federal Highway
Fort Lauderdale, FL 33308

C/T
Rev. Msgr. Tomas M. Marin
3900 NW 79th Avenue, #731
Miami, FL 33166

T
Mrs. Jan Moran
100 NW 12th Avenue
Deerfield Beach, FL 33443

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40091865

Attachment to 2008 Not-For-Profit Corporation
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Holy Cross Hospital, Inc.
Document #N93000002229

11. Additions to Officers and Directors

T
Michaëlle Valbrun-Pope
1610 NE 4th Avenue
Fort Lauderdale, FL 33305

T (Change)
Michaëlle Valbrun-Pope
1643 N. Harrison Parkway
Building H, 2nd Floor
Sunrise, FL 33323

T (Delete)
Ms. Marie Dehn
4725 N. Federal Highway
Fort Lauderdale, FL 33308

T (Add)
Ms. Pat Feder
4725 N. Federal Highway
Fort Lauderdale, FL 33308

T
Mr. Ray Rodriguez
350 E. Las Olas Boulevard, Suite 1420
Fort Lauderdale, FL 33301

T (Delete)
Ms. Maureen Shea
2101 W. Commercial Blvd, Suite 2000
Fort Lauderdale, FL 33309

T (Delete)
Roy Bassett, M.D.
4917 Coconut Creek Parkway, #F
Coconut Creek, FL 33063

T (Add)
Edward Coopersmith, M.D.
5333 N. Dixie Hwy, Suite 201
Fort Lauderdale, FL 33334

T
Ms. Michelle Tuggle
2721 SW 19th Street
Fort Lauderdale, FL 33309

T
Rabbi Ivan Wachmann
132 SE 11 Avenue
Pompano Beach, FL 33060