

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002229

**Entity Name:** HOLY CROSS HOSPITAL, INC.**Current Principal Place of Business:**4725 NORTH FEDERAL HWY  
FORT LAUDERDALE, FL 33308-4603**Current Mailing Address:**4725 NORTH FEDERAL HWY  
FORT LAUDERDALE, FL 33308-4603 US**FEI Number:** 59-0791028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title DIRECTOR  
Name GUZMAN, PABLO DR.  
Address 4725 NORTH FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308-4603

Title DIRECTOR  
Name MCKAY, PATRICIA  
Address TEMPLETON & COMPANY  
301 E. LAS OLAS BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name LAPORTE, FRITZ  
Address DOVERE ADVISORY GROUP, LLC  
1380 SW 21ST LANE  
City-State-Zip: BOCA RATON FL 33062

Title PRESIDENT  
Name DOYLE, MARK E  
Address 4725 NORTH FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308-4603

Title CHAIR  
Name KOENING, KEITH  
Address CITY FURNITURE  
6701 N. HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name KOTLER, JON DR.  
Address HOLY CROSS HOSPITAL  
4725 N. FEDERAL HIGHWAY  
City-State-Zip: FORT LAUDERDALE FL 33308-4603

Title DIRECTOR  
Name CUNHA, JOHN DR.  
Address 4725 NORTH FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308-4603

Title OFFICER - CORPORATE SECRETARY  
Name GORRELL, KATHERINE  
Address 4725 NORTH FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308-4603

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*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHERINE GORRELL**CORPORATE  
SECRETARY****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	OFFICER - TREASURER
Name	RADOSEVICH, TODD
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603
Title	DIRECTOR
Name	CHASTANG, LARONDA
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603
Title	VICE CHAIR
Name	O'BYRNE, KAREN
Address	MOTUS, LLC 2 FINANCIAL CENTER 60 SOUTH STREET
City-State-Zip:	BOSTON MA 02111
Title	CHAIRMAN
Name	MOLINET, RUDY J.
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603
Title	DIRECTOR
Name	CARTER, LINDA
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603
Title	DIRECTOR
Name	AYERS, JONATHAN
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603

Title	DIRECTOR
Name	PARKER, SISTER MARIE
Address	THE PINES AT MERCY CENTER 3 MCAULEY DRIVE
City-State-Zip:	DALLAS PA 18612
Title	DIRECTOR
Name	WOODS, MAURICE
Address	EASTERSEALS SOUTH FLORIDA 1475 N.W. 14TH AVENUE
City-State-Zip:	MIAMI FL 33125
Title	DIRECTOR
Name	MCMANUS, KATHLEEN RSM
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603
Title	DIRECTOR
Name	DAVILA, G. WILLY DR.
Address	CENTER FOR UROGYNECOLOGY AND PELVIC HEALTH AT HOLY CROSS HEALTH 1000 N.E. 56TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33334
Title	DIRECTOR
Name	NELSON, BRIAN
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603