

2023 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 VC
Name MCKAY, PATRICIA
Address TEMPLETON & COMPANY
301 E. LAS OLAS BLVD.
City-State-Zip: FORT LAUDERDALE FL 33301

Title CHAIRMAN
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: MARK E. DOYLE**PRESIDENT AND CEO****04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER - TREASURER
Name	BRANDENBURG, RONALD C II
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603
Title	DIRECTOR
Name	CASALOU, ROB
Address	TRINITY HEALTH 1600 S. CANTON CENTER ROAD SUITE 310
City-State-Zip:	CANTON MI 48188
Title	DIRECTOR
Name	O'BYRNE, KAREN
Address	MOTUS, LLC 2 FINANCIAL CENTER 60 SOUTH STREET
City-State-Zip:	BOSTON MA 02111
Title	DIRECTOR
Name	MOLINET, RUDY
Address	ARTEMIS SYNERGIES CONSULTING C/O 4725 N. FEDERAL HIGHWAY
City-State-Zip:	FORT LAUDERDALE FL 33308
Title	DIRECTOR
Name	CARTER, LINDA
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	AUSTIN-SHIPPI, NIKKI
Address	THE N.A.S. ADVISORY GROUP C/O 4725 N. FEDERAL HIGHWAY
City-State-Zip:	FORT LAUDERDALE FL 33308
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