

**2015 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**FEI Number:** 59-0791028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAYLOR, PATRICK AM.D.  
HOLY CROSS HOSPITAL, INC  
4725 N FEDERAL HWY  
FT LAUDERDALE, FL 33308 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 VC  
Name BOSSE, MARJORIE SR, RSM  
Address 615 ELSINORE PLACE  
City-State-Zip: CINCINNATI OH 45202

Title STR  
Name WELSH, SUSAN SR, RSM  
Address 3333 5TH AVE  
City-State-Zip: PITTSBURG PA 15213

Title PCEO  
Name TAYLOR, PATRICK AM.D.  
Address 4725 N FEDERAL HWY  
City-State-Zip: FT LAUDERDALE FL 33308

Title CT  
Name MARIN, TOMAS MMSGGR  
Address 5400 SW 102 AVENUE  
City-State-Zip: MIAMI FL 33165

Title TRUSTEE  
Name KOLB, SR KATHLEEN ANN RSM  
Address SISTERS OF MERCY  
444 E. GRANDVIEW BLVD.  
City-State-Zip: ERIE PA 16504-2698

Title TRUSTEE  
Name COURNEEN, SR JOANNE  
Address SISTERS OF MERCY  
625 ABBOTT ROAD  
City-State-Zip: BUFFALO NY 14220

Title TRUSTEE  
Name BARRERRAS, LUIS DR.  
Address 6405 N FEDERAL HIGHWAY  
SUITE 300B  
City-State-Zip: FORT LAUDERDALE FL 33308

Title TRUSTEE  
Name GREER, FR MICHAEL  
Address ASSUMPTION CHURCH  
2001 S. OCEAN BOULEVARD  
City-State-Zip: LAUDERDALE-BY-THE-SEA FL 33062

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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:** PATRICK A. TAYLOR, M.D.**PRESIDENT/CEO****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name MORAN, JAN  
Address JM FAMILY ENTERPRISE  
100 JIM MORAN BOULEVARD  
City-State-Zip: DEERFIELD BEACH FL 33442

Title TRUSTEE  
Name LANGSENKAMP, KURT  
Address 721 NE 44TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33334

Title TRUSTEE  
Name TAPIA, MICHELE  
Address 4725 NORTH FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308-4603

Title TRUSTEE  
Name SMITH-BAUGH, GERMAINE  
Address URBAN LEAGUE OF BROWARD  
COUNTY  
560 NW 27TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title TRUSTEE  
Name ZACHAROUDIS, ARISTIDES M.D.  
Address 1736 E. COMMERCIAL BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33308

Title TRUSTEE  
Name CATANIA, JOSEPH  
Address 4790 N. STATE RD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319