

**2021 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 BARRERRAS, LUIS DR.  
Address 6405 N FEDERAL HIGHWAY  
SUITE 300B  
City-State-Zip: FORT LAUDERDALE FL 33308

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

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

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

**Continues on page 2**

*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****04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	HAYWOOD, MARCELL
Address	THESIS HOLDINGS 6555 POWERLINE ROAD SUITE 304
City-State-Zip:	FORT LAUDERDALE FL 33309
Title	PRESIDENT
Name	DOYLE, MARK E
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603
Title	CFO
Name	BRANDENBURG, RONALD C II
Address	4725 NORTH FEDERAL HWY
City-State-Zip:	FORT LAUDERDALE FL 33308-4603
Title	DIRECTOR
Name	CAREY, SISTER JUDY
Address	393 CAMPFIELD AVENUE
City-State-Zip:	HARTFORD CT 06114
Title	DIRECTOR
Name	WOODS, MAURICE
Address	THE SCHOOL BOARD OF BROWARD COUNTY 600 S.E. THIRD AVENUE 10TH FL
City-State-Zip:	FORT LAUDERDALE FL 33301

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
Title	DIRECTOR
Name	PARKER, SISTER MARIE
Address	MERCY NEIGHBORHOOD MINISTRIES 1939 W. VENANGO STREET
City-State-Zip:	PHILADELPHIA PA 19140
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