

2016 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****04/22/2016**

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

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

Title DIRECTOR
Name SWERDLOFF, MARC A DR.
Address 50 E. SAMPLE ROAD
SUITE 200
City-State-Zip: POMPANO BEACH FL 33064

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

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

Title DIRECTOR
Name TRIOLA, NORA PHD
Address TRINITY HEALTH CORPORATION
20555 VICTOR PARKWAY
City-State-Zip: LIVONIA MI 48152

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