

2019 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 PCEO
Name TAYLOR, PATRICK AM.D.
Address HOLY CROSS HOSPITAL
4725 N. FEDERAL HIGHWAY
City-State-Zip: FT LAUDERDALE FL 33308

Title VICE CHAIR
Name COURNEEN, SR JOANNE
Address SISTERS OF MERCY
612 E. GRANDVIEW BLVD.
City-State-Zip: ERIE PA 16504

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

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

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

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

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

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

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: PATRICK A. TAYLOR, M.D.**PRESIDENT & CEO****04/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name HAMMAMI, MOUHANAD M.D.
Address TRINITY HEALTH CORPORATION
 20555 VICTOR PARKWAY
City-State-Zip: LIVONIA MI 48152

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 WATSON, NANCY
Address HOLY CROSS HOSPITAL
 4725 NORTH FEDERAL HIGHWAY
 AUXILIARY OFFICE
City-State-Zip: FORT LAUDERDALE FL 33308-4603

Title DIRECTOR
Name HAYWOOD, MARCELL
Address THESIS HOLDINGS
 6555 POWERLINE ROAD SUITE 304
City-State-Zip: FORT LAUDERDALE FL 33309

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