FILE NOW: FILING FEE IS \$61.25

May 20 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1997 (6) DOCUMENT # HOLY CROSS HOSPITAL, INC. Mailing Address Principal Place of Business 4725 NORTH FEDERAL HWY 4725 NORTH FEDERAL HWY FORT LAUDERDALE FL 33308-4803 FORT LAUDERDALE FL 33308 Date Incorporated or Qualified 02/23/1961 3a. Date of Last Report 04/10/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-079 1028 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 25 29 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PHILLIPS, MICHELLE 82 Street Address (P.O. Box Number is Not Acceptable) C/O BUCHANAN INGERSOLL PROF CORP., STE 608 83 ONE TURNBERRY PLACE, 19495 BISCAYNE BLVD. **AVENTURA FL 33180-2320** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change ☐ Addition TITLE **BUDRYS, RAY** 1 2 NAME NAME 4725 N FEDERAL HWY STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308-Y 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BOSSE, MARJORIE SR. RSM 2.2 NAME NAME 2335 GRANDVIEW AVE. 2.3 STREET ADDRESS STREET ADDRESS **CINCINNATI OH 45206** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE TATE, CHARLES F NAME 3.2 NAME 4725 N. FEDERAL HWY. 3.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP 3.4. CITY-ST-ZIP VSTT DELETE Addition Change THILE 4.1 THLE WELSH, SUSAN SR. RSM NAME 4. 2 NAME 3333 FIFTH AVE. 4.3 STREET ADDRESS STREET ADDRESS PITTSBURGH PA 15213 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE MEYERS, JUDITH SR. RSM 5.2 NAME NAME 4725 NORTH FEDERAL HWY STREET ADDRESS 5.3 STREET ADDRESS FORT LAUDERDALE FL 33308 CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE B.1 TITLE Change ☐ Addition TITLE GARDINER, GRACE NAME 6.2 NAME 4725 NORTH FEDERAL HWY 6.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

SIGNATURE: SIGNATURE NO OFFICER OR PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR Date Designer Phone # 00043