

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000120659

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** HOLY CROSS PHYSICIAN PARTNERS, LLC

**Current Principal Place of Business:**

4725 N. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4725 N. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 36-4712116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, PATRICK A M.D.  
HOLY CROSS HOSPITAL, INC  
4725 N. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: COOPERSMITH, EDWARD M M.D.  
Address: 5333 N. DIXIE HIGHWAY, SUITE 201  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VP  
Name: DESMARTEAU, JAMES T  
Address: 4725 N. FEDERAL HIGHWAY  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: ST  
Name: WILFORD, LINDA V  
Address: 4725 N. FEDERAL HIGHWAY  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MM  
Name: TAPIA, RAUL M.D.  
Address: 4725 N. FEDERAL HIGHWAY  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MM  
Name: SHAUGHNESSY, THOMAS  
Address: 1120 NW 54TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINDA V. WILFORD

ST

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date