2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90012 017 ****70.00

DOCUMENT # N93000002229

1. Entity Name

HOLY CROSS HOSPITAL, INC.

Principal Place of Business	Mailing Address
4725 NORTH FEDERAL HWY FORT LAUDERDALE FL 33308-4603	4725 NORTH FEDERAL HWY ATTN: LEGAL AFFAIRS DEPT FORT LAUDERDALE FL 33308-4603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0791028 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, JOHN C HOLY CROSS HOSPITAL, INC 4725 N FEDERAL HWY FT LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARNEY, SHEILA SR. RSM 8300 COLESVILLE RD, STE 300 SILVER SPRING MD 20910	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCARPINO, GEORGINE J SR. RSM 3333 FIFTH AVE. PITTSBURGH PA 15213	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCS BOSSE, MARJORIE 615 ELSINORE PLACE CINCINNATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Bosse, Marjorie 615 Elsinore Place Cincinnati, OH 45202 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCS WELSH, SUSAN 3333 5TH AVE PITTSBURG PA 15213	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC/S/T/T Welsh, Susan 3333 5th Ave Pittsburgh, PA 15213 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT MARIN, THOMAS M 9401 BISCAYNE BLVD MIAMI SHORES FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Marin, Tomas M. 9401 Biscayne Blvd. Miami Shores, FL 33161 XX Change ☐ Addition Spelling of first name
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO JOHNSON, JOHN C 4725 N FEDERAL HWY FT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition (SEE ATTACHMENT FOR LIST OF OTHER TRUSTEES)

CR2E037 (10/00)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John C. Johnson, President & CEO 4/3/01 (954)492-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
950584
#N93000002229

Holy Cross Hospital, Inc.
2001 Uniform Business Report
Additions/Changes to Officers and Directors in 10 (continued)

10.	Officers and Directors	11. Additions/Changes to Officers and Directors in 10.
Title	Trustee	
Name	Elinor Stephens	
Street Address	4725 N. Federal Highway	
City-ST-Zip	Fort Lauderdale, FL 33308	
Title	Trustee	
Name	Vincent DiGennaro, M.D.	
Street Address	1960 N.E. 47th Street	
City-ST-Zip	Fort Lauderdale, FL 33308	
Title	Vice President Medical Affairs/Trustee	
Name	Michael Raybeck, M.D.	
Street Address	4800 N.E. 20th Terrace, Suite 207	
City-ST-Zip	Fort Lauderdale, FL 33308	
Title	Trustee	
Name	Maureen Shea	
Street Address	2101 W. Commercial Blvd Suite 2000	
City-ST-Zip	Fort Lauderdale, FL 33309	
Title	Trustee	
Name	M. P. Zachariah, M.D.	
Street Address	4725 N. Federal Highway	
City-ST-Zip	Fort Lauderdale, FL 33308	

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10.	Officers and Directors	11. Additions/Changes to Officers and Directors in 10.
Title	Trustee	**ADD**
Name	Paul Meli, M.D.	
Street Address	2151 E. Commercial Blvd Suite 300	
City/ST/Zip	Fort Lauderdale, FL 33308	
Title	Trustee	**ADD**
Name	Cristina Mata, M.D.	
Street Address	4701 N. Federal Highway, A-27	
City/ST/Zip	Fort Lauderdale, FL 33308	
Title	Trustee	**DELETE**
Name	Paul Tocci, M.D.	
Street Address	4800 N.E. 20th Terrace	
City-ST-Zip	Fort Lauderdale, FL 33308	