

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002229

FILED
Apr 23, 2009
Secretary of State

Entity Name: HOLY CROSS HOSPITAL, INC.

Current Principal Place of Business:

4725 NORTH FEDERAL HWY
FORT LAUDERDALE, FL 333084603

New Principal Place of Business:

Current Mailing Address:

4725 NORTH FEDERAL HWY
ATTN: LEGAL AFFAIRS DEPT
FORT LAUDERDALE, FL 333084603

New Mailing Address:

FEI Number: 59-0791028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JOHN C
HOLY CROSS HOSPITAL, INC
4725 N FEDERAL HWY
FT 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HESPELEIN, PATRICIA MARY SR, RSM
Address: 1400 LOCUST STREET
City-St-Zip: PITTSBURGH, PA 15219

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

Title: T () Delete
Name: BOSSE, MARJORIE SR, RSM
Address: 615 ELSINORE PLACE
City-St-Zip: CINCINNATI, OH 45202

Title: STR () Delete
Name: WELSH, SUSAN SR, RSM
Address: 3333 5TH AVE
City-St-Zip: PITTSBURGH, PA 15213

Title: PCEO () Delete
Name: JOHNSON, JOHN C
Address: 4725 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: T () Delete
Name: MURPHY, RSM, CECELIA SR.
Address: 3333 FIFTH AVENUE
City-St-Zip: PITTSBURGH, PA 15213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CT (X) Change () Addition
Name: MARIN, TOMAS M MSGR
Address: 3900 NW 79 AVENUE, #731
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN C. JOHNSON

PCEO

04/23/2009

Electronic Signature of Signing Officer or Director

Date