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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003137 (5)

1. Corporation Name

HOLY CROSS MEDICAL PROPERTIES, INC.



Principal Place of Business

**4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**

Mailing Address

**4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308-4803**

3. Date Incorporated or Qualified
06/29/1995

3a. Date of Last Report
04/03/1996

4. FEI Number

APPLIED FOR 65-0666283

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLY CROSS HOSPITAL, INC.
4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **BUDRYS, RAY**
STREET ADDRESS **4725 N. FEDERAL HIGHWAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Sister Susan Welsh, RSM**
1.3 STREET ADDRESS **3333 Fifth Avenue**
1.4 CITY-ST-ZIP **Pittsburgh, PA 15213**

TITLE **D** ☐ DELETE

NAME **GRANGER, ROBERT**
STREET ADDRESS **4725 N. FEDERAL HIGHWAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **COMRIE, DAN**
STREET ADDRESS **4725 N. FEDERAL HIGHWAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE **Robert P. Granger** 4/30/97 (954)492-5713

CR2E037 (9/96)