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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90213 014 ****70.00

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1. Corporation Name

HOLY CROSS LONG TERM CARE, INC.

Principal Place of Business

4725 NORTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33308

Mailing Address

4725 NORTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/26/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0787320

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLY CROSS HOSPITAL INC.
4725 NORTH FEDERAL HIGHWAY
FT 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANGER, ROBERT P	1.2 NAME	Johnson, John C.
STREET ADDRESS	4725 NORTH FEDERAL HIGHWAY	1.3 STREET ADDRESS	4725 N. Federal Highway
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MATTHEW A	2.2 NAME	Moore, Matthew A.
STREET ADDRESS	4725 NORTH FEDERAL HIGHWAY	2.3 STREET ADDRESS	4725 N. Federal Highway
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, SUSAN	3.2 NAME	Welsh, R.S.M, Sister Susan
STREET ADDRESS	3333 FIFTH AVENUE	3.3 STREET ADDRESS	3333 Fifth Avenue
CITY-ST-ZIP	PITTSBURGH PA 15213	3.4 CITY-ST-ZIP	Pittsburgh, PA 15213
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Brown, Richard L.
STREET ADDRESS		4.3 STREET ADDRESS	4725 N. Federal Highway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

John C. Johnson
John C. Johnson

4/19/99

954-492-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)