

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004836

FILED
Apr 03, 2009
Secretary of State

Entity Name: HOLY CROSS LONG TERM CARE, INC.

Current Principal Place of Business:

4725 NORTH FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4725 NORTH FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0787320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLY CROSS HOSPITAL INC.
4725 NORTH FEDERAL HIGHWAY
ATTN: PRESIDENT
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: PCEO () Delete
Name: JOHNSON, JOHN C
Address: 4725 N FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: TT () Delete
Name: WILFORD, LINDA V
Address: 4725 N FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: CT () Delete
Name: WELSH, SUSAN RSM
Address: 3333 FIFTH AVENUE
City-St-Zip: PITTSBURGH, PA 15213

Title: ST () Delete
Name: TAYLOR, PATRICK A M.D.
Address: 4725 N. FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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:

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

04/03/2009

Electronic Signature of Signing Officer or Director

Date