

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004836

FILED  
Apr 23, 2010  
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  
Name: JOHNSON, JOHN C  
Address: 4725 N FEDERAL HIGHWAY  
City-St-Zip: FT LAUDERDALE, FL 33308

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN C. JOHNSON

PCEO

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date