2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

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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:

4725 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308

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: TAYLOR, PATRICK A M.D.
Address: 4725 N FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: TST
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

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: PATRICK A. TAYLOR, M.D. PCEO 04/21/2011

Electronic Signature of Signing Officer or Director — Date