FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jun 01 1998 8:00am
Secretary of State

DOCUMENT # N97000005747 (7)

1. Corporation Name

(name changed filed 12/5/97)
Holy Cross Health Ministries, Inc.

Principal Place of Business	Mailing Address
401 E. JACKSON STREET SUITE 2500 TAMPA FL 33602	401 E. JACKSON STREET SUITE 2500 TAMPA FL 33602

2. Principal Place of Business	2a. Mailing Address
21 4725 N. Federal Hwy.	26 4725 N. Federal Hwy.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip 24 33308 — Country 25 Broward	Zip 29 33308 — Country 30 Broward

3. Date Incorporated or Qualified: 10/10/1997

4. FEI Number: 65-0800520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEBBER, DALE S
401 E. JACKSON STREET
SUITE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

31 Name: Holy Cross Hospital, Inc., Attn: President
32 Street Address (P.O. Box Number is Not Acceptable): 4725 N. Federal Highway
33
34 City: Fort Lauderdale FL 35 Zip Code 33308

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] 4/30/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	(SEE ATTACHMENT FOR COMPLETE LIST OF TRUSTEES) ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002543254 -06/02/98--01011--001 ***70.00

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.

SIGNATURE: [signature] SIGNATURE REQUIRED 4/30/98 954-492-5925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Holy Cross Health Ministries, Inc.
1998 Annual Report
Additions/Changes to Officers and Directors in 12 (continued)

13.	Additions/Changes to Officers and Directors in 12.
Title	Chairman and Trustee
Name	Sr. Marjorie Bosse, R.S.M.
Street Address	2335 Grandview Avenue
City-ST-Zip	Cincinnati, OH 45206-2280
Title	Secretary/Treasurer/Trustee
Name	Sr. Susan Welsh, R.S.M.
Street Address	3333 Fifth Avenue
City-ST-Zip	Pittsburgh, PA 15213
Title	Trustee
Name	Sr. Georgine Scarpino, R.S.M.
Street Address	3333 Fifth Avenue
City-ST-Zip	Pittsburgh, PA 15213
Title	Trustee
Name	Sr. Sheila Carney, R.S.M.
Street Address	3333 Fifth Avenue
City-ST-Zip	Pittsburgh, PA 15213
Title	Trustee
Name	Most Rev. Thomas Wenski
Street Address	9401 Biscayne Boulevard
City-ST-Zip	Miami Shores, FL 33138

13.	Additions/Changes to Officers and Directors in 12.
Title	President/Chief Executive Officer/Trustee
Name	John C. Johnson
Street Address	4725 N. Federal Highway
City-ST-Zip	Fort Lauderdale, FL 33308
Title	Trustee
Name	Jane Conti
Street Address	4725 N. Federal Highway
City-ST-Zip	Fort Lauderdale, FL 33308
Title	Trustee
Name	Walter Banks
Street Address	1700 S. Ocean Lane
City-ST-Zip	Fort Lauderdale, FL 33316
Title	Acting Vice President Medical Affairs/Trustee
Name	Michael Raybeck, M.D.
Street Address	4701 N. Federal Highway, Suite C6
City-ST-Zip	Fort Lauderdale, FL 33308
Title	Trustee
Name	Charles F. Tate, M.D.
Street Address	4725 N. Federal Highway
City-ST-Zip	Fort Lauderdale, FL 33308

13.	Additions/Changes to Officers and Directors in 12.
Title	Trustee
Name	Joseph M. Catania
Street Address	4740 N. State Rd. 7, Bldg C #100
City-ST-Zip	Lauderdale Lakes, FL 33319
Title	Trustee
Name	Harry Durkin
Street Address	4450 N.E. 25th Avenue
City-ST-Zip	Fort Lauderdale, FL 33308
Title	Trustee
Name	Rev. Thomas Foudy
Street Address	1200 S. Federal Highway
City-ST-Zip	Pompano Beach, FL 33062
Title	Trustee
Name	Robert Hunt, Esquire
Street Address	2200 Corporate Blvd., N.W., #401
City-ST-Zip	Boca Raton, FL 33431
Title	Trustee
Name	Keith Koenig
Street Address	251 International Parkway
City-ST-Zip	Sunrise, FL 33325
Title	Trustee
Name	Gerald McDonald
Street Address	7951 S.W. 6th Street, Suite 112
City-ST-Zip	Plantation, FL 33324

13.	Additions/Changes to Officers and Directors in 12.
Title	Trustee
Name	Fred Millsaps
Street Address	2665 N.E. 37th Drive
City-ST-Zip	Fort Lauderdale, FL 33308
Title	Trustee
Name	Daniel O'Connor, Esquire
Street Address	100 N.E. Third Avenue
City-ST-Zip	Fort Lauderdale, FL 33302
Title	Trustee
Name	William O'Toole
Street Address	1215 E. Broward Boulevard
City-ST-Zip	Fort Lauderdale, FL 33301
Title	Trustee
Name	Richard Palmaccio
Street Address	2137 N.E. 63rd Court
City-ST-Zip	Fort Lauderdale, FL 33309
Title	Trustee
Name	Mark J. Panciera
Street Address	4200 Hollywood Boulevard
City-ST-Zip	Hollywood, FL 33021
Title	Trustee
Name	August Paoli, Esquire
Street Address	1100 Adams Street
City-ST-Zip	Hollywood, FL 33019

13.	Additions/Changes to Officers and Directors in 12.
Title	Trustee
Name	David H. Rush
Street Address	700 N.W. 12th Avenue
City-ST-Zip	Deerfield Beach, FL 33442
Title	Trustee
Name	Joseph Shore, D.D.S.
Street Address	2101 E. Hallandale Beach Blvd., #200
City-ST-Zip	Hallandale, FL 33009
Title	Trustee
Name	Robert Steele
Street Address	2000 S. Ocean Drive, #2
City-ST-Zip	Fort Lauderdale, FL 33316
Title	Trustee
Name	Douglas M. Whitmore, M.D.
Street Address	1930 N.E. 47th Street
City-ST-Zip	Fort Lauderdale, FL 33308
Title	Trustee
Name	Paul Tocci, M.D.
Street Address	4800 N.E. 20th Terrace
City-ST-Zip	Fort Lauderdale, FL 33308