2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N97000005747

Entity Name: HOLY CROSS HEALTH MINISTRIES, 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
ATTN: LEGAL AFFAIRS DEPT.
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0800520 **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
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 NORTH FEDERAL HIGHWAY	
City-St-Zip:	FT. LAUDERDALE, FL 33308	
Title:	T	( ) Delete
Name:	MCDONOUGH, FIDELIS SR. RSM	
Address:	3333 FIFTH AVENUE	
City-St-Zip:	PITTSBURGH, PA 15213	
Title:	STR	( ) Delete
Name:	WELSH, R.S.M., SUSAN SR.	
Address:	3333 FIFTH AVENUE	
City-St-Zip:	PITTSBURGH, PA 15213	
Title:	C	( ) Delete
Name:	BOSSE, MARJORIE SR, RSM	
Address:	615 ELSINORE PLACE	
City-St-Zip:	CINCINNATI, OH 45202 US	
Title:	T	( ) Delete
Name:	HESPELIEN, PATRICIA MARY SR, RSM	
Address:	1400 LOCUST STREET	
City-St-Zip:	PITTSBURGH, PA 15219 US	
Title:	T	( ) Delete
Name:	HANNAN, RSM, MARGARET SR.	
Address:	3333 FIFTH AVENUE	
City-St-Zip:	PITTSBURGH, PA 15213 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VC	(X) Change ( ) Addition
Name:	MARIN, REV MSGR TOMAS	
Address:	3900 NW 79TH AVENUE, #731	
City-St-Zip:	MIAMI, FL 33166	
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 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 04/27/2006

Electronic Signature of Signing Officer or Director — Date