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04-23-1999 90123 046 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

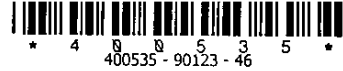
DOCUMENT # N98000000411

1. Corporation Name

HOLY CROSS MEDICAL PROPERTIES, INC.

Principal Place of Business
4725 N FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

Mailing Address
4725 N FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0666283	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**HOLY CROSS HOSPITAL, INC.
ATTN: PRESIDENT
4725 N FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, 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	☐ DELETE	1.1 TITLE	Chairman and Director ☒ Change ☐ Addition
NAME	JOHNSON, JOHN C	1.2 NAME	Johnson, John C.
STREET ADDRESS	4725 N FEDERAL HIGHWAY	1.3 STREET ADDRESS	4725 N. Federal Highway
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	☒ DELETE	2.1 TITLE	Vice President, Treasurer ☐ Change ☒ Addition
NAME	GRANGER, ROBERT P	2.2 NAME	Moore, Matthew A. and Trustee
STREET ADDRESS	4725 N FEDERAL HIGHWAY	2.3 STREET ADDRESS	4725 N. FEDERAL HIGHWAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	☐ DELETE	3.1 TITLE	Vice Chairman, Secretary and Trustee ☒ Change ☐ Addition
NAME	WELSH, SISTER SUSAN	3.2 NAME	Welsh, RSM, Sister Susan
STREET ADDRESS	SISTER OF MERCY, 3333 FIFTH AVE	3.3 STREET ADDRESS	Sisters of Mercy, 3333 Fifth Ave.
CITY-ST-ZIP	PITTSBURGH PA 15213	3.4 CITY-ST-ZIP	Pittsburgh, PA 15213
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

John C. Johnson

4/14/99

954-492-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)