

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000000411

1. Entity Name
HOLY CROSS MEDICAL PROPERTIES, INC.



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

Mailing Address
**4725 N FEDERAL HIGHWAY
ATTN: LEGAL AFFAIRS DEPT.
FORT LAUDERDALE, FL 33308**



04212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0666283

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
JOHNSON, JOHN C
4725 N FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CT
WELSH, SISTER SUSAN RSM
SISTER OF MERCY, 3333 FIFTH AVE
PITTSBURGH, PA 15213**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TT
WILFORD, LINDA V
4725 N FEDERAL HWY
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
TAYLOR, PATRICK A M.D.
4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. JOHNSON

Date

4-24-08

Daytime Phone #

**954-229
8500**

PRESIDENT & CEO