2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2010
Secretary of State

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Entity Name: HOLY CROSS MEDICAL PROPERTIES, INC.

Current Principal Place of Business:

4725 N FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0666283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLY CROSS HOSPITAL, INC.
ATTN: PRESIDENT
4725 N FEDERAL HIGHWAY
FORT 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: JOHNSON, JOHN C
Address: 4725 N FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: CT
Name: WELSH, SISTER SUSAN RSM
Address: SISTER OF MERCY, 3333 FIFTH AVE
City-St-Zip: PITTSBURGH, PA 15213

Title: TT
Name: WILFORD, LINDA V
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

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

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: JOHN C. JOHNSON PCEO 04/23/2010

Electronic Signature of Signing Officer or Director — Date