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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005608

1. Corporation Name

HOLY CROSS HEALTH PARTNERS, 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
21	26	09/29/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0884380
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	29
24	25	30

9. Name and Address of Current Registered Agent

**HOLY CROSS HOSPITAL, INC.
 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
FL 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	D <input type="checkbox"/> DELETE	1.1 TITLE	Vice Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> DELETE	2.1 TITLE	Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGENNARO, VINCENT	2.2 NAME	DeGennaro, M.D., Vincent
STREET ADDRESS	1960 NE 47 STREET	2.3 STREET ADDRESS	1960 NE 47 Street
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer, Secretary and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOCCI, PAUL	3.2 NAME	Tocci, M.D., Paul
STREET ADDRESS	4800 NE 20 TERRACE	3.3 STREET ADDRESS	4800 NE 20 Terrace
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Assistant Treasurer and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Moore, Matthew A.
STREET ADDRESS		4.3 STREET ADDRESS	4725 N. Federal Highway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/19/99

954-492-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)