# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2005**
**Secretary of State**

DOCUMENT# N98000005608

**Entity Name:** HOLY CROSS HEALTH PARTNERS, 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: 65-0884380** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLY CROSS HOSPITAL, INC.
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: VCD ( ) Delete
Name: JOHNSON, JOHN C
Address: 4725 N FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: CD ( ) Delete
Name: DEGENNARO, VINCENT MD
Address: 1960 NE 47 STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TSD ( ) Delete
Name: TOCCI, PAUL MD
Address: 4800 NE 20 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: ATD ( ) Delete
Name: WILFORD, LINDA V
Address: 4725 N FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Section 119.07(3)(i), 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 VCD 04/26/2005

Electronic Signature of Signing Officer or Director — Date