

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000010939

**Entity Name:** HOLY CROSS SENIOR SERVICES, INC.

**Current Principal Place of Business:**

4725 NORTH FEDERAL HIGHWAY  
FIRT LAUDERDALE, FL 33308

**Current Mailing Address:**

4725 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308 US

**FEI Number: 83-2256461**

**Certificate of Status Desired: No**

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

HOLY CROSS HOSPITAL, INC.  
4725 NORTH FEDERAL HIGHWAY  
FIRT LAUDERDALE, FL 33308 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           BRANDENBURG, RONALD CHARLES II  
Address        4725 NORTH FEDERAL HIGHWAY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           PRESIDENT  
Name           DOYLE, MARK E  
Address        4725 NORTH FEDERAL HIGHWAY  
City-State-Zip: FIRT LAUDERDALE FL 33308

Title           CHAIRMAN  
Name           LAPORTE, FRITZ  
Address        1380 SW 21ST LANE  
City-State-Zip: BOCA RATON FL 33486

Title           SECRETARY  
Name           GORRELL, KATHERINE ESQ.  
Address        4725 NORTH FEDERAL HIGHWAY  
City-State-Zip: FIRT 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: KATHERINE GORRELL**

**SECRETARY**

**04/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date