

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000411

Entity Name: HOLY CROSS MEDICAL PROPERTIES, INC.

Current Principal Place of Business:

4725 N FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

Current Mailing Address:

4725 N FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

FEI Number: 65-0666283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLY CROSS HOSPITAL, INC.
ATTN: PRESIDENT
4725 N FEDERAL HIGHWAY
FORT 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 PCEO
Name TAYLOR, PATRICK AM.D.
Address 4725 N FEDERAL HIGHWAY
City-State-Zip: FORT LAUDERDALE FL 33308

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

Title TST
Name WILFORD, LINDA V
Address 4725 N FEDERAL HWY
City-State-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: LINDA V. WILFORD

CFO

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date