

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H89747** (0)

1. Corporation Name
GOOD SAMARITAN HEALTH CORP.



Principal Place of Business Mailing Address
~~1300 NORTH FLAGLER DRIVE~~
~~AT PALM BEACH LAKES BLVD.~~
WEST PALM BEACH FL ~~33402~~
~~1300 NORTH FLAGLER DRIVE~~
~~AT PALM BEACH LAKES BLVD.~~
WEST PALM BEACH FL ~~33402~~

3. Date Incorporated or Qualified 12/12/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2612547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1309 N. Flagler Drive Suite, Apt. #, etc.	2a. Mailing Address 26 1309 N. Flagler Drive Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 33401 Country	28 Zip 33401 Country
24 33401 25 Country	29 33401 30 Country

9. Name and Address of Current Registered Agent LARCOMBE, VALERIE GODWIN 1309 N FLAGLER DRIVE AT PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOHL, SIDNEY 1309 N FLAGLER DRIVE W PALM BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD Andrall Pearson
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERESEY, THOMAS M. 1309 N FLAGLER DRIVE WEST PALM BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD Greg Gardner
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRENCH, MICHAEL 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	900001812579 -05/08/96--01011--016 ***1735.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARCOMBE, VALERIE GOODWI 1309 N FLAGLER DRIVE WEST PALM BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Phillip Dutcher 1309 N. Flagler Drive West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407)650-6223
Date Daytime Phone #

CR2E034 (12/95)

S-1-96
JK