

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H89747 (0)

1. Corporation Name
GOOD SAMARITAN HEALTH CORP.



Principal Place of Business 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401	Mailing Address 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401-3408
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3. Date Incorporated or Qualified 12/12/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2612547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

**LARCOMBE, VALERIE GODWIN
1309 N FLAGLER DRIVE
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
Valerie G. Larcombe

82 Street Address (P.O. Box Number is Not Acceptable)
1309 No. Flagler Drive

83

84 City
West Palm Beach

85 Zip Code
FL 33401

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: *[Signature]* DATE: **4-28-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> DELETE
NAME	PEARSON, ANDRALL
STREET ADDRESS	1309 N FLAGLER DRIVE
CITY-ST-ZIP	W PALM BEACH FL 33401
TITLE	TD <input type="checkbox"/> DELETE
NAME	GARDNER, GREG
STREET ADDRESS	1309 N FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	FRENCH, MICHAEL
STREET ADDRESS	1309 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	LARCOMBE, VALERIE GOODWI
STREET ADDRESS	1309 N FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DUTCHER, PHILLIP
STREET ADDRESS	1309 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frank Nask
2.3 STREET ADDRESS	1309 No. Flagler Drive
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Valerie G. Larcombe
4.3 STREET ADDRESS	1309 No. Flagler Drive
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Phillip C. Dutcher
5.3 STREET ADDRESS	1309 No. Flagler Drive
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Richard Johnson
6.3 STREET ADDRESS	1309 No. Flagler Drive
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* DATE: **4-22-97** DAYTIME PHONE: **561-650-6126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)