

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90152 001 *1,685.00

DOCUMENT # H89747
 1. Entity 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 33401-3406**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-2612547** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LARCOMBE, VALERIE G
1309 N FLAGLER DRIVE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name: **Valerie G. Larcombe, Esquire**
 Street Address (P.O. Box Number is Not Acceptable): **Akerman Senterfitt**
777 S. Flagler Drive, Suite 900E
 City: **West Palm Beach** FL Zip Code: **33401**

8. 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: **Valerie G. Larcombe** 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: CD	<input type="checkbox"/> Delete
NAME: FREDERICK ADLER	
STREET ADDRESS: 1309 NORTH FLAGLER DRIVE	
CITY-ST-ZIP: WEST PALM BEACH FL 33401	
TITLE: TD	<input type="checkbox"/> Delete
NAME: NASK, FRANK	
STREET ADDRESS: 1309 NORTH FLAGLER DRIVE	
CITY-ST-ZIP: WEST PALM BEACH FL 33401	
TITLE: S	<input type="checkbox"/> Delete
NAME: LARCOMBE, VALERIE G	
STREET ADDRESS: 1309 NORTH FLAGLER DRIVE	
CITY-ST-ZIP: WEST PALM BEACH FL 33401	
TITLE: PD	<input type="checkbox"/> Delete
NAME: DUTCHER, PHILLIP C	
STREET ADDRESS: 1309 NORTH FLAGLER DRIVE	
CITY-ST-ZIP: WEST PALM BEACH FL 33401	
TITLE: D	<input type="checkbox"/> Delete
NAME: JOHNSON, RICHARD	
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:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Michael Loscalzo	
STREET ADDRESS: 1309 N. Flagler Drive	
CITY-ST-ZIP: West Palm Beach, FL 33401	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Steven Nathan	
STREET ADDRESS: 1309 N. Flagler Drive	
CITY-ST-ZIP: West Palm Beach, FL 33401	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Steven Nathan** 4/27/00 561-650-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President and CEO

CR2E034 (9/99)