

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001780

**Entity Name:** THE GOOD SAMARITAN CLINIC OF WEST VOLUSIA COUNTY, INC.**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC7631281178****Current Principal Place of Business:**136 E. PLYMOUTH AVENUE  
DELAND, FL 32724**Current Mailing Address:**136 E. PLYMOUTH AVENUE  
DELAND, FL 32720 US**FEI Number: 30-0408193****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GUSKY, MARY EADMINIS  
3317 ENGLISH BRICK TRAIL  
DELAND, FL 32724 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 D  
Name CONNERY, THOMAS FR.  
Address 359 W NEW YORK AVE  
City-State-Zip: DELAND FL 32720Title D  
Name JOSLIN, JOHN  
Address 1330 E TAYLOR  
City-State-Zip: DELAND FL 32724Title D  
Name REED, FRANCIS M.D.  
Address 1070 N. STONE STREET  
City-State-Zip: DELAND FL 32720Title DR  
Name KELLY, MICHAEL DMD  
Address 10873 E. VIA CORTANA RD  
City-State-Zip: SCOTTSCALE AZ 85262Title DIRECTOR  
Name LATHAM, ROSEMARIE ARNP  
Address 136 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32724Title DIRECTOR  
Name ANDREWS, MARTHA J  
Address 136 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32724Title DIRECTOR  
Name DELOUIS, MARY  
Address 136 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32724Title DIRECTOR  
Name PETRACCA, GAIL A RN  
Address 136 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32724**Continues on page 2**

*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: DR. LYLE WADSWORTH****MEDICAL DIRECTOR****01/25/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ANDREWS, PATRICIA  
Address 136 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32724

Title DIRECTOR  
Name WILSON, SUSAN  
Address 136 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32724

Title OTHER  
Name WADSWORTH, LYLE DR.  
Address 136 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32724

Title OTHER  
Name COX,RN, KENDRA  
Address 136 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32724

Title OTHER  
Name COOK, TIMOTHY  
Address 136 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32724