DOCUMENT# N07000001780	
Entity Name: THE GOOD SAMARITAN CLINIC OF WEST VOLUSIA COUNTY, INC.	
Current Principal Place of Business:	
136 E. PLYMOUTH AVENUE	

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DELAND, FL 32724

Current Mailing Address:

136 E. PLYMOUTH AVENUE DELAND, FL 32724 US

FEI Number: 30-0408193

Name and Address of Current Registered Agent:

SPORE, SHELLEY 136 E. PLYMOUTH AVENUE DELAND, FL 32724 US Certificate of Status Desired: Yes

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	SHELLEY SPORE			04/01/2022				
	Electronic Signature of Registered Agent			Date				
Officer/Director Detail :								
Title	OFFICER	Title	OFFICER					
Name	REED, FRANCIS M.D.	Name	BATTEN, DALE D DR.					
Address	136 E. PLYMOUTH AVENUE	Address	136 E. PLYMOUTH AVENUE					
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724					
Title	OFFICER, PRESIDENT	Title	OFFICER					
Name	SPORE, SHELLEY	Name	LAZAR, JILL					
Address	136 E. PLYMOUTH AVENUE	Address	136 E. PLYMOUTH AVENUE					
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32720					
Title	OFFICER	Title	OFFICER, SECRETARY					
Name	MONTI, RHONDA	Name	DELOUIS, MARY					
Address	136 E. PLYMOUTH AVENUE	Address	136 E. PLYMOUTH AVENUE					
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724					
Title	OFFICER, VP	Title	OFFICER					
Name	ANDREWS, MARTHA	Name	FEYK, WILLIAM					
Address	136 E. PLYMOUTH AVENUE	Address	136 E. PLYMOUTH AVENUE					
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724					
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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: TERRY DANIELS

ADMINISTRATOR

04/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 01, 2022 Secretary of State 3474847727CC

Officer/Director Detail Continued :

Title	OFFICER, TREASURER	Title	OFFICER
Name	YANNONE, SHANNON	Name	GLASS, KYLE
Address	136 E. PLYMOUTH AVENUE	Address	136 E. PLYMOUTH AVENUE
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724
Title	OFFICER	Title	OFFICER
Name	PAIVA, ZOE	Name	HINSZ, DEANNA
Address	136 E. PLYMOUTH AVENUE	Address	136 E. PLYMOUTH AVENUE
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724
Title	OFFICER	Title	OFFICER
Name	SERWANSKI, JESSICA	Name	JACKSON, MARY JO
Address	136 E. PLYMOUTH AVENUE	Address	136 E. PLYMOUTH AVENUE
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724
Title	OTHER		

NameDANIELS, TERRYAddress136 E. PLYMOUTH AVENUE

City-State-Zip: DELAND FL 32724