

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001780

Entity Name: THE GOOD SAMARITAN CLINIC OF WEST VOLUSIA COUNTY, INC.**FILED**
Jan 12, 2015
Secretary of State
CC4209125347**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 32720

Title	D
Name	JOSLIN, JOHN
Address	1330 E TAYLOR
City-State-Zip:	DELAND FL 32724

Title	D
Name	REED, FRANCIS M.D.
Address	1070 N. STONE STREET
City-State-Zip:	DELAND FL 32720

Title	DR
Name	KELLY, MICHAEL DMD
Address	10873 E. VIA CORTANA RD
City-State-Zip:	SCOTTSCALE AZ 85262

Title	DIRECTOR
Name	LATHAM, ROSEMARIE ARNP
Address	136 E. PLYMOUTH AVENUE
City-State-Zip:	DELAND FL 32724

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

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

Title	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: JOHN JOSLIN**CHAIRMAN****01/12/2015**_____
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 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

Title OTHER
Name MILLER, DAVID
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