

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003082

**FILED**  
**Feb 10, 2021**  
**Secretary of State**  
**9654264065CC**

**Entity Name:** GOOD SAMARITAN PHARMACY & HEALTH SERVICES, INC.

**Current Principal Place of Business:**

2502 TAMIAMI TRAIL NORTH  
NOKOMIS, FL 34275

**Current Mailing Address:**

2502 TAMIAMI TRAIL NORTH  
NOKOMIS, FL 34275 US

**FEI Number: 26-2295558**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FORCIER, GEORGE  
2502 TAMIAMI TRAIL NORTH  
NOKOMIS, FL 34275 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: GEORGE FORCIER**

**02/10/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GEORGE, FORCIER  
Address 3603 N POINT RD, UNIT 802  
City-State-Zip: OSPREY FL 34229

Title SEC  
Name WILKINSON, JULIE  
Address 2015 E 154TH STREET  
City-State-Zip: BRADENTON FL 34212

Title DIRECTOR  
Name TROMP, KATHERINE  
Address 7626 PARTRIDGE ST. CIR.  
City-State-Zip: BRADENTON FL 34202

Title MEDICAL DIRECTOR  
Name MESGHALI, SHEEBA DR.  
Address 243 PORTOFINO DRIVE  
City-State-Zip: NORTH VENICE FL 34275

Title VP  
Name PALACE, WILLIAM  
Address 675 CRANE PRAIRIE WAY  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name CAMPBELL, MARCUS  
Address 714 NE 147TH COURT  
City-State-Zip: BRADENTON FL 34212

Title EXECUTIVE DIRECTOR  
Name FRECHETTE, LULDES  
Address 407 WATERSIDE LANE  
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR  
Name MAY, GAIL  
Address 325 DOLPHIN SHORES  
City-State-Zip: NOKOMIS FL 34275

**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: LULDES FRECHETTE**

**EXECUTIVE DIRECTOR**

**02/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAAS, MATT  
Address 5430 1ST AVE. APT. 302  
City-State-Zip: BRADENTON FL 34208

Title TREASURER  
Name HITCHCOCK, KATHLEEN  
Address 6433 BLUE GROSBEAK CIRCLE  
City-State-Zip: BRADENTON FL 34202

Title DIRECTOR  
Name SCOLARO, KELLY  
Address 425 DARLING DR.  
City-State-Zip: VENICE FL 34285