

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003082

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

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**6017523282CC**

**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**

**02/07/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GEORGE, FORCIER  
Address        7333 SCOTLAND WAY  
                  UNIT 1410  
City-State-Zip: SARASOTA FL 34238

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

Title            MEDICAL DIRECTOR, TREASURER  
Name            MESGHALI, SHEEBA DR.  
Address        253 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            SERRANO, LULDES  
Address        4063 VIA SIENNA CIRCLE  
City-State-Zip: SARASOTA FL 34243

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

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

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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: GEORGE FORCIER**

**BOARD PRESIDENT**

**02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            KEITH, SANDY

Address         320 BAY VISTA AVE.

City-State-Zip: OSPREY FL 34229