

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

DOCUMENT# N23000000668

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**6626133385CC**

**Entity Name:** GOOD SAMARITAN PHYSICAL REHABILITATION FOUNDATION, INC

**Current Principal Place of Business:**

2393 S CONGRESS AVE  
SUITE 125  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

2393 S CONGRESS AVE  
SUITE 125  
WEST PALM BEACH, FL 33406 UN

**FEI Number: 92-2107849**

**Certificate of Status Desired: No**

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

PIERRE, MYRIAM  
2393 S CONGRESS AVE  
SUITE 125  
WEST PALM BEACH, FL 33406 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 P  
Name GARÇON, RHODES J  
Address 2393 S CONGRESS AVE  
City-State-Zip: WEST PALM BEACH FL 33406

Title VP  
Name AUGUSTIN, GLADYS  
Address 2393 S CONGRESS AVE  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name PIERRE, FETHNER  
Address 2393 S CONGRESS AVE  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name SAINT PREUX, ADELINE  
Address 2393 S CONGRESS AVE  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name PIERRE, MYRIAM  
Address 2393 S CONGRESS AVE  
City-State-Zip: WEST PALM BEACH FL 33406

Title S  
Name BENONY, AUDREY  
Address 2393 S CONGRESS AVE  
City-State-Zip: WEST PALM BEACH FL 33406

*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: BENONY,AUDREY**

**SECRETARY**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date