SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715198 (8)

1. Corporation Name
GOOD SAMARITAN HOSPITAL, INC.

Principal Place of Business	Mailing Address
~~1000 NORTH FLAGLER DRIVE~~	~~1309 NORTH FLAGLER DRIVE~~
WEST PALM BEACH FL ~~33402~~	WEST PALM BEACH FL ~~33402~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1968
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-0651088 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1309 N. Flagler Drive	26 1309 N. Flagler Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33401 / Country 25	Zip 29 33401 / Country 30

9. Name and Address of Current Registered Agent

GOODWIN LARCOMBE, VALERIE
~~1000 NORTH FLAGLER DRIVE~~
WEST PALM BEACH FL ~~33402~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1309 N. Flagler Drive
83
84 City FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Valerie Goodwin Larcombe 6/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	11 TITLE	P/D	☒ Change ☐ Addition
NAME	~~BYRON, WILLIAM J~~	12 NAME	French, Michael	
STREET ADDRESS	~~FLAGLER DR @ PALM BCH LKS BLVD~~	13 STREET ADDRESS	1309 N. Flagler Drive	
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP		
TITLE	CD	21 TITLE		☒ Change ☐ Addition
NAME	KOHL, SIDNEY	22 NAME		
STREET ADDRESS	~~FLAGHER DR @ PALM BCH LKS BLVD~~	23 STREET ADDRESS	1309 N. Flagler Drive	
CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP		
TITLE	VCTD	31 TITLE		☒ Change ☐ Addition
NAME	KERESEY, THOMAS	32 NAME		
STREET ADDRESS	~~FLAGLER DR @ PLM BCH LKS~~	33 STREET ADDRESS	1309 N. Flagler Drive	
CITY-ST-ZIP	W PALM BCH FL	34 CITY-ST-ZIP		
TITLE	VCD	41 TITLE		☒ Change ☐ Addition
NAME	SHEAROUSE, JOSEPH	42 NAME		
STREET ADDRESS	~~FLAGLER DR @ PLM BCH LKS~~	43 STREET ADDRESS	1309 N. Flagler Drive	
CITY ST ZIP	W PALM BCH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	RINKER, DAVID B	52 NAME		
STREET ADDRESS	~~FLAGLER DR @ PALM BCH LK~~	53 STREET ADDRESS	1309 N. Flagler Drive	
CITY ST ZIP	W PALM BCH FL	54 CITY-ST-ZIP		
TITLE	S	61 TITLE		☒ Change ☐ Addition
NAME	~~BYRON, WILLIAM J~~	62 NAME	Goodwin Larcombe, Valerie	
STREET ADDRESS	~~FLAGLER DRIVE & PALM BEACH LAKES~~	63 STREET ADDRESS	1309 N. Flagler Drive	
CITY ST ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP		

CRE E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 6/27/95 (407) 650-6223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010632