## **, FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

715198

(8)

DOCUMENT # GOOD SAMARITAN HOSPITAL, INC.

**FILED** May 01 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address								
	Flagler drive Beach Fl 33402		1309 North Flagler Drive West Palm Beach Fl 33402					
						3. Date Incorporated or Qualified 08/29/1968	3a. Date of Last 07/03/1	Report 1995
a District Dis	at Ducines	2a. Mailing A	ddenan					Applied For
2. Principal Pla	ice of business	26	odiess			4. FEI Number 59-0651088	<del></del>	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					\$8.79	Additional
22		27				Certificate of Status Desired	Fee	Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip		Country		8. This corporation has liability for in	tangible tax under s	. 199.032,
24	25	29		ю			Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Agent	
0000	NI ADOONDE VALEDIE			81	Name			
	IN LARCOMBE, VALERIE IRTH FLAGLER DRIVE		82		Street Add	dress (P.O. Box Number is Not Acceptable	9)	
	ALM BEACH FL 33402					40000181	25,74	
				84	City	-05/08/96010 ***1735.00	FL 85 Z	ip Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.</li> </ol>					named corpo oration's bo	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its intment as registered	registered office d agent. I am
	in, and accept the obligations of, one	1011 011.0300, 1101	ida Otatoros.					
SIGNATURE _	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE I	Registered Ager	nt signature requi	red when reinstating)	DATE	
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
TITLE	PD MOUAEI		) DELETE	1,1 TITLE			Change	☐ Addition
NAME	FRENCH, MICHAEL 1309 N. FLAGLER DRIVE			1.2 NAME				
STREET ADDRESS	W PALM BEACH FL			1.3 STREET				
CITY-ST-ZIP	CD CD		DELETE	1.4 CITY - S	ST-ZIP	CD	74 Change	☐ Addition
TITLE	-KOHL, SIDNEY-	_	ןטנננונ	2.1 TITLE 2.2 NAME		Harry Gray	[23 Onlinge	[_] Monton
NAME STREET ADDRESS	1309 N FLAGLER DRIVE			2 3 STREET	ADDDEGG			
CITY-ST-ZIP	W PALM BCH FL			2.4 CITY-				
TITLE	<del>-vc10</del>		DELETE	3.1 TITLE	01 211	VCD	X Change	Addition
NAME	-KERESEY, THOMAS -			3.2 NAME		William Sned, Jr.		
STREET ADDRESS	1309 N FLAGLER DRIVE			3.3 STREET	F ADDRESS			
CITY-ST-ZIP	W PALM BCH FL			3.4. CITY-	ST-ZIP			
TITLE	-VCD-		]DELETE	4.1 TITLE		Т	X Change	Addition
NAME	-CHEAROUSE, JOSEPH			4. 2 NAME		Greg Gardner		
STREET ADDRESS	1309 N FLAGLER DRIVE			4.3 STREET				
CITY-ST-ZIP	W PALM BCH FL		Interior	4.4 CITY- S	ST-ZIP		<b>F9</b> nt	- Addition
TITLE	D <del>- rinker, david d</del>	L	]DELETE	5 1 THILE		San Attached	Change	☐ Addition
NAME	1309 N FLAGLER DRIVE			5.2 NAME		See Attached		
STREET ACCURESS	W PALM BCH FL				T ADDRESS	•		_
CHTY-ST-ZIP	S		DELETE	5.4 CITY - S 6.1 TITLE	SI-ZIP		Channe	1 Addition
TITLE NAME	GOODWIN LARCOMBE, VAL		Juliun	6.2 NAME			/L] orange	1250
STREET ADDRESS	1309 N FLAGLER DRIVE				T ADDRESS			<u>.</u>
CITY-ST-ZIP	WEST PALM BEACH FL			6.4 CITY-1			$\sim 1$	ساي
1	1				<u> </u>			

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)(k), 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:

(407)650-6223

## GOOD SAMARITAN HOSPITAL, INC. BOARD OF GOVERNORS 1996-1997

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