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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 715198 (8)

1. Corporation Name
GOOD SAMARITAN HOSPITAL, INC.

Principal Place of Business	Mailing Address
1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33402	1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401-3406

3. Date Incorporated or Qualified: 08/29/1968
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOODWIN LARCOMBE, VALERIE
1309 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name: Valerie G. Larcombe
82 Street Address (P.O. Box Number Is Not Acceptable): 1309 North Flagler Drive
83:
84 City: West Palm Beach **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: [signature] 4-30-97
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	FRENCH, MICHAEL		1.2 NAME	Phillip C. Dutcher	
STREET ADDRESS	1309 N. FLAGLER DRIVE		1.3 STREET ADDRESS	1309 N. Flagler Drive	
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, HARRY		2.2 NAME		
STREET ADDRESS	1309 N FLAGLER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33401		2.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SNED, WILLIAM JR		3.2 NAME		
STREET ADDRESS	1309 N FLAGLER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33401		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	GARDNER, GREG		4.2 NAME	Frank Nask	
STREET ADDRESS	1309 N FLAGLER DRIVE		4.3 STREET ADDRESS	1309 N. Flagler Drive	
CITY-ST-ZIP	W PALM BCH FL		4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	S	☐ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	GOODWIN LARCOMBE, VALERIE		5.2 NAME	Valerie G. Larcombe	
STREET ADDRESS	1309 N FLAGLER DRIVE		5.3 STREET ADDRESS	1309 N. Flagler Drive	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	400002172434	
STREET ADDRESS			6.3 STREET ADDRESS	-05/09/97--01002--053	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***593.75	

5/6/97

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] 4-30-97 5616506223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0038159