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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

715198

(8)

GOOD SAMARITAN HOSPITAL, INC.

FILED
May 06 1997 8:00am
Secretary of State



	e of Business	Mailing Ad	ddress				- 3 30 01% 100401 11001 03001 110			9,419 4.977 (00.
1309 NORTH FL			H FLAGLER DR							
WEST PALM BE	EACH FL 33402	WEST PAL	M BEACH FL 33	34U1 •34U0			0.000	ee a la	Data all sal	D
							3. Date incorporated or Qua 08/29/1968	umed 34.	Date of Last 05/01/1	
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number			Applied For
21		26					59-0651088			Not Applicable
Suite, Apt.	#, etc.	Suite, 27	Apt. #, etc.				5. Certificate of Status Desir	ed XIX	,	Additional Required
City & State	ė	City &	State				6. Election Campaign Finan	cing	\$5.0	O May Be
23		28					Trust Fund Contribution			d to Fees
Zıp	Country	Zip			untry		8. This corporation has liable		ible tax under	s. 199.032,
24	25	29		30	т		Florida Statutes	☐ Yes		
<u> </u>	9. Name and Address of C	urrent Registered A	gent		81 1	Name	10. Name and Address of N	ew Register	ed Agent	
					1 1	Val	erie G. Larcombe			
GOODWIN LARCOMBE, VALERIE			82 Street Addr			ress (P.O. Box Number is Not Acceptable) 09 North Flagler Drive				
	ORTH FLAGLER DRIVE				83		19 North Flagier Drive			
WEST PA	ALM BEACH FL 33402				63					
					84 (City			- 85 Zi	3401
		2.0500 - 1.017 1500	e es es a acces				t Palm Beach			
11. Pursuant t	to the provisions of Sections 61' egistered agent, or both, in the im familiar with, and accept the	7.0502 and 617.1506 State of Florida, Suci	s, Piorida Statut h change was i	ies, ine a authorize	ibove-n id by th	ameo corpo na corporati	oration submits this statement to on's board of directors. I hereby	or the purpos vaccept the	se or changing appointment i	j its registered as registered
agent. La	m familiar with, and accept the	obligations of Section	on 617. 0 503, Fl	orida Stal	tutes.	•	•	d a	· ·	•
SIGNATURE_	11-1	· ~						4-30		
12.	Signature, typed or printed name of registe	red agent and little if applicat S AND DIRECTORS	ole. (NOT	E: Registere	d Agent a	signature require	d when reinstating) ADDITIONS/CHANGES TO			ORS IN 12
		S AND DIRECTORS	DELETE			PI		OF ICENS	Chane	
							,			
THE	PD ANCHAE		PULLETE	1.17		l			L. J. Griding	e 459 Audition
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14. To nereby certify that the information supplied with this tiling goes not quality for the exemption stated in Section 119.07(3)(1), nortical statutes. 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 sectiver 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 chapted, or an an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4-30-97

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