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NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

715198

(8)

FILED								
May 07 1998 8:00am								
Secretary of State								

GOOD SAMARITAN HOSPITAL, INC.									
Principal Plac	ce of Business	Mailing Address				a cháist imant lidhi hith) ninh inini lídi	1 E1811 81911 91811 91811 91	IDEI WIWEI INN	
1309 NORTH FLAGLER DRIVE 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402						3. Date Incorporated or Qualified  08/29/1968 4. FEI Number Applied For  59-0651088 Not Applicable			
2. Principal F	Place of Business	2a. Mailing Address				ertificate of Status Desired	\$8.75	Additional equired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
City & Stat	le	City & State			7. Is	7. Is this nonprofit corporation a homeowners association?			
<b>Zip</b> Country		Zip	Zip Country		<b>8.</b> Th	8. This corporation owes or has paid the current year Intangible			
24	25	29	30			rsonal Property Tax due June 3		No	
	9. Name and Address of Curre	nt Hegistered Agent		81 Name	10. Na	me and Address of New Regi	stered Agent		
				Name	Valerie	G. Larcombe			
LARCOMBE, VALERIE				82 Street	ddress (P.O.	tress (P.O. Box Number is Not Acceptable) 109 No. Flagler Drive			
1309 NORTH FLAGLER DRIVE				83	1309 NO.	309 No. Flagler Drive			
WESTP	ALM BEACH FL 33402			93					
				84 City	West Pal	lm Beach	FL 85 Zip 33	Code 401	
11. Pursuant	to the provisions of Sections 617.050 registered agent or both in the State am familiar with and scept the oblig	02 and 617.1508, Florida Sta	lutes, the al	ove-named	corporation su	bmits this statement for the pu	rpose of changing i	ts registered	
office or i	registered agent or both, in the State am familiar with, and accept the oblig	e at Florida. Such change wa ations of Section 617.0503,	s authorized Florida Stat	i by the corp utes.	oration's boar	rd of directors. I hereby accept	the appointment as	registerea	
SIGNATURE	/al	Van -				4/.	20/91		
	Signature, typed or printed name of registered at			Agent signature	required when rein		DATE	·	
12.		ID DIRECTORS	13.		ADD	DITIONS/CHANGES TO OFFICE			
TITLE	PD	DELETE 1.1					☐ Change	Addition	
NAME	DUTCHER, PHILLIP	1.2 N		ME					
STREET ADDRESS			1.3 ST	REET ADDRESS					
CITY-ST-ZIP	W PALM BEACH FL	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		TY-ST-ZIP	****	Y Ohmor		3737 a 1001	
TITLE	CD				VCD XX Change X William K. Caler, Jr.		XX Addition		
NAME	GRAY, HARRY	2.21							
STREET ADDRESS	1309 N FLAGLER DRIVE			REET ADDRESS		. Flagler Drive	401		
City-St-ZIP	W PALM BCH FL			2.4 City-St-zip We 3.1 Title CD		alm Beach, FL 33		L'à dellaton	
TITLE	VCD SNED, WILLIAM JR	_ · · · · · 1 · ·		- 1		יים בייט היי	XX Change	Addition	
NAME CONCET LOCATEC	1309 N FLAGLER DRIVE	321			William H. Sned, Jr. 1309 No. Flagler Drive				
STREET ADDRESS	W PALM BCH FL			REET ADDRESS		West Palm Beach, FL 33401			
CITY-ST-ZIP TITLE	TD	DELETE 4.1		TY-ST-ZIP	WEST PE	arm beach, FL 33	Change	Addition	
NAME	NASK, FRANK	4.21							
STREET ADORESS	1309 N FLAGLER DRIVE			REET ADDRESS					
CITY-ST-ZIP	W PALM BCH FL			TY-ST-ZIP					
TITLE	8	DELETE 5.1 TI				000002515	hange	Addition	
NAME	GOODWIN, VALERIE G		5.2 NA	í		-05/07/3801096		•	
STREET ADDRESS	1309 N FLAGLER DRIVE		5.3 STRI			***1843.75	<del>+</del>		
CITY-ST-ZIP	WEST PALM BEACH FL	ALLE DE LOUI EL		TY-ST-ZIP		, <del></del>			
TITLE		☐ DEL <b>e</b> te	6.1 TIT				☐ Change	Addition	
NAME			6.2 NA	,ME	SEE AT	TACHED FOR COMPL	ETE LIST	1/1/	
STREET ADDRESS	l		6.3 ST	REET ADORESS		RD OF DIRECTORS		10 (7)	
					Or DUM	KD OF DIKECTORS		1 *11	

14. I 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. 4/20/92

# GOOD SAMARITAN HOSPITAL, INC. BOARD OF GOVERNORS 1998-1999

## OFFICERS:

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