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**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90021 001 \*1,485.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 715198**

1. Corporation Name

**GOOD SAMARITAN HOSPITAL, INC.**

Principal Place of Business

**1309 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33402**

Mailing Address

**1309 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33402**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**08/29/1968**

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

9. Name and Address of Current Registered Agent

**LARCOMBE, VALERIE  
1309 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **DUTCHER, PHILLIP**  
STREET ADDRESS **1309 NORTH FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33402**

TITLE **VCD** ☐ DELETE  
NAME **WILLIAM K CALER JR**  
STREET ADDRESS **1309 NORTH FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33402**

TITLE **CD** ☐ DELETE  
NAME **SNED, WILLIAM JR**  
STREET ADDRESS **1309 NORTH FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33402**

TITLE **TD** ☐ DELETE  
NAME **NASK, FRANK**  
STREET ADDRESS **1309 NORTH FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33402**

TITLE **S** ☐ DELETE  
NAME **GOODWIN, VALERIE G**  
STREET ADDRESS **1309 NORTH FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33402**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99**  
Date

**561 450 6223**  
Daytime Phone #

CR2E037 (1/98)

562400-90021-10  
Doc# 715198

**GOOD SAMARITAN HOSPITAL, INC.  
BOARD OF GOVERNORS**

**OFFICERS:**

William H. Sned, Jr., Chairman  
William K. Caler, Jr., Vice Chairman  
Phillip Dutcher, IHS President  
Valerie Goodwin Larcombe, Secretary  
Frank Nask, Treasurer

**BOARD MEMBERS:**

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James Y. Arnold  
William Bradford, Associate Board Chairman  
John J. Brogan  
Sister Roberta F. Brunner, OSF  
Joel E. Cohen, M.D.  
David Dodson, M.D., Past Chief of Staff  
Vince Elhilow  
Mary Kay Farley  
Gerald Goldsmith  
Donald Goodwin, M.D., Chief of Staff  
Leonard M. Heine, Jr.  
Thomas Hessert  
Robert C. Ifft, M.D.  
Richard S. Johnson, IHS Vice Chairman  
Harry A. Johnston  
Bettye King  
Paul R. Liebman, M.D.  
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Dorothy Schulman, Foundation Chairperson  
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Sister Janet Sullivan, OSF  
Thomas B. Walker