

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # 715198**

1. Entity Name  
**GOOD SAMARITAN HOSPITAL, INC.**



Principal Place of Business  
**1645 PALM BEACH LAKES BLVD.  
440  
WEST PALM BEACH, FL 33401**

Mailing Address  
**1645 PALM BEACH LAKES BLVD.  
440  
WEST PALM BEACH, FL 33401**



01142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |   |
|---|---|
| 4. FEI Number<br><b>59-0651088</b>                        | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

**6. Name and Address of Current Registered Agent**

**WEBBER, DALE S  
401 EAST JACKSON STREET  
SUITE 2500  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**UD00000807418  
02/07/08-80007-022 61.25**

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>RUSSELL, DANIEL F<br>1645 PALM BEACH LAKES BLVD. SUITE 440<br>WEST PALM BEACH, FL 33401 |
|--|---|

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|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>RUSSELL, C KENT<br>1645 PALM BEACH LAKES BLVD. SUITE 440<br>WEST PALM BEACH, FL 33401 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STANEK, ROBERT V<br>1645 PALM BEACH LAKES BLVD. SUITE 440<br>WEST PALM BEACH, FL 33401 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*

**Robert V. Stanek 1/22/08 561-686-0769,**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

21203