2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# 715198

Entity Name: GOOD SAMARITAN HOSPITAL, INC.

Current Principal Place of Business:

3805 WEST CHESTER PIKE
100
NEWTOWN SQUARE, PA 19073

New Principal Place of Business:

2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411

Current Mailing Address:

3805 WEST CHESTER PIKE
100
NEWTOWN SQUARE, PA 19073

New Mailing Address:

2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411

FEI Number: 59-0651088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	RUSSELL, DANIEL F	
Address:	3805 WEST CHESTER PIKE, SUITE 100	
City-St-Zip:	NEWTOWN SQUARE, PA 19073	
Title:	STD	( ) Delete
Name:	RUSSELL, C KENT	
Address:	3805 WEST CHESTER PIKE, SUITE 100	
City-St-Zip:	NEWTOWN SQUARE, PA 19073	
Title:	PD	( ) Delete
Name:	STANEK, ROBERT V	
Address:	3805 WEST CHESTER PIKE, SUITE 100	
City-St-Zip:	NEWTOWN SQUARE, PA 19073	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT V. STANEK P 03/12/2009

Electronic Signature of Signing Officer or Director — Date