

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90133 022 ****61.25

DOCUMENT # 715198

1. Entity Name

GOOD SAMARITAN HOSPITAL, INC.



Principal Place of Business

**1401 FORUM WAY
STE 101
WEST PALM BEACH FL 33401**

Mailing Address

**1401 FORUM WAY
STE 101
WEST PALM BEACH FL 33401**

2. Principal Place of Business

1645 Palm Beach Lakes Blvd.

3. Mailing Address

1645 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

440

Suite, Apt. #, etc.

440

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0651088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **RUSSELL, DANIEL F**
STREET ADDRESS **1401 FORUM WAY STE 101**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **STD** ☐ Delete
NAME **RUSSELL, C KENT**
STREET ADDRESS **1401 FORUM WAY STE 101**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VP** ☒ Delete
NAME **BRICKER, WILLIAM**
STREET ADDRESS **1401 FORUM WAY STE 101**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PD** ☐ Delete
NAME **STANEK, ROBERT V**
STREET ADDRESS **1401 FORUM WAY STE 101**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition
NAME **Russell, Daniel F.**
STREET ADDRESS **1645 Palm Beach Lakes Blvd., Suite 440**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **STD** ☒ Change ☐ Addition
NAME **Russell, C. Kent**
STREET ADDRESS **1645 Palm Beach Lakes Blvd., Suite 440**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Staneck, Robert V.**
STREET ADDRESS **1645 Palm Beach Lakes Blvd., Suite 440**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 REQUIRED: Robert V. Staneck 2/28/03 (561) 686-0769

CR2E037 (10/02)