

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$355)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:29

DOCUMENT # 769840 (0)

1. Corporation Name
HAROLD STRASSER GOOD SAMARITAN MEMORIAL FUND, INC.

Principal Place of Business Mailing Address
3540 FOREST HILL BLVD. 3540 FOREST HILL BLVD.
101 101
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1983	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2330802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**DEDO, DOUGLAS, M.D.
1515 N. FLAGLER DR.
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 *W. Douglas D. Dedo* DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROCK, DEREK, M.D.
STREET ADDRESS	3400 BURNS RD.
CITY - ST - ZIP	PALM BCH. GARDENS FL
TITLE	D
NAME	MARKS, V.A., M.D.
STREET ADDRESS	3370 BURNS RD., #100
CITY - ST - ZIP	PALM BCH. GARDENS FL
TITLE	D
NAME	WICKEN, JEAN
STREET ADDRESS	3540 FOREST HILL BLVD #101
CITY - ST - ZIP	W PAL BCH FL
TITLE	SD
NAME	DEDO, DOUGLAS, M.D.
STREET ADDRESS	1515 N. FLAGLER DR.
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	D
NAME	STRASSER, LINDA
STREET ADDRESS	248 SANDPIPER DR.
CITY - ST - ZIP	PALM BEACH FL
TITLE	D
NAME	DEDO, DOUGLAS, M.D.
STREET ADDRESS	1515 N. FLAGLER DRIVE
CITY - ST - ZIP	W. PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>Please delete</i>
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE: *W. Douglas D. Dedo* DATE _____
Signature typed or printed name of signing officer or director

CR2E037 (3/95)