

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **769840** (0)  
1. Corporation Name  
**HAROLD STRASSER GOOD SAMARITAN MEMORIAL FUND, IN C.**



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

3. Date Incorporated or Qualified: 08/15/1983  
3a. Date of Last Report: 06/16/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-2330802	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEDO, DOUGLAS, M.D. 1515 N. FLAGLER DR. WEST PALM BEACH FL 33401		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MARKS, V.A., M.D. <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, V.A., M.D.	1.2 NAME	Brent M. Schillinger, M.D.
STREET ADDRESS	3370 BURNS RD., #100	1.3 STREET ADDRESS	7280 W Palmetto Pk Road, Suite 207N
CITY-ST-ZIP	PALM BCH. GARDENS FL	1.4 CITY-ST-ZIP	Boca Raton FL 33433
TITLE	D WICKEN, JEAN <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKEN, JEAN	2.2 NAME	
STREET ADDRESS	3540 FOREST HILL BLVD #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PAL BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD DEDO, DOUGLAS, M.D. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEDO, DOUGLAS, M.D.	3.2 NAME	
STREET ADDRESS	1515 N. FLAGLER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D STRASSER, LINDA <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSER, LINDA	4.2 NAME	
STREET ADDRESS	248 SANDPIPER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T DEDO, DOUGLAS, M.D. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEDO, DOUGLAS, M.D.	5.2 NAME	
STREET ADDRESS	1515 N. FLAGLER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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: X *[Signature]* #1/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)