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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
3540 FOREST HILL BLVD. 3540 FOREST HILL BLVD.  
101 101  
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406-5893  
US US

3. Date Incorporated or Qualified 08/15/1983  
3a. Date of Last Report 04/05/1996

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 Zip Country  
24 25 29 30

4. FEI Number 59-2330802 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
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 Jean Wicken (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SCHILLINGER, BRENT M MD	1.1 TITLE	U.A. MARKS, M.D.
NAME	7280 W PALMETTO PK RD SUITE 207N	1.2 NAME	DIRECTOR
STREET ADDRESS	BOCA RATON FL	1.3 STREET ADDRESS	3370 BURNS RD, # 100
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D WICKEN, JEAN	2.1 TITLE	
NAME	3540 FOREST HILL BLVD #101	2.2 NAME	
STREET ADDRESS	W PAL BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD DEDO, DOUGLAS, M.D.	3.1 TITLE	
NAME	1515 N. FLAGLER DR.	3.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T DEDO, DOUGLAS, M.D.	4.1 TITLE	
NAME	1515 N. FLAGLER DRIVE	4.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: 3/13/97

CR2E037 (9/96)