

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769840 (0)

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
		4. FEI Number 59-2330802
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 29	Country 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 81 Name DOUGLAS DEDO, MD 82 Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BLVD 83 SUITE 100 84 City PALM BEACH GARDENS FL 85 Zip Code 33410
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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 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHILLINGER, BRENT M MD		1.2 NAME	
STREET ADDRESS 7280 W PALMETTO PK RD SUITE 207N		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE D	<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 D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARKS, V A M		3.2 NAME	
STREET ADDRESS 3370 BURNS RD, #100		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEDO, DOUGLAS, M.D.		4.2 NAME	
STREET ADDRESS 1515 N. FLAGLER DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ DAYTIME PHONE: _____

CR2E037 (10/97)