

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H89747** (0)

1. Corporation Name

**GOOD SAMARITAN HEALTH CORP.**



Principal Place of Business

Mailing Address

~~1300 NORTH FLAGLER DRIVE~~  
~~AT PALM BEACH LAKES BLVD.~~  
~~WEST PALM BEACH FL 33402~~

~~1300 NORTH FLAGLER DRIVE~~  
~~AT PALM BEACH LAKES BLVD.~~  
~~WEST PALM BEACH FL 33402~~

3. Date Incorporated or Qualified <b>12/12/1985</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2612547</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 <b>1309 N. Flagler Drive</b>	26 <b>1309 N. Flagler Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24 <b>33401</b>	29 <b>33401</b>
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARCOMBE, VALERIE GODWIN**  
**1309 N FLAGLER DRIVE**  
~~**AT PALM BEACH LAKES BLVD.**~~  
**WEST PALM BEACH FL 33401**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>CD</del>	1.1 TITLE	<b>CD</b>
NAME	<del>KOHL, SIDNEY</del>	1.2 NAME	<b>Andrall Pearson</b>
STREET ADDRESS	<b>1309 N FLAGLER DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<del>TD</del>	2.1 TITLE	<b>TD</b>
NAME	<del>KERESEY, THOMAS M.</del>	2.2 NAME	<b>Greg Gardner</b>
STREET ADDRESS	<b>1309 N FLAGLER DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<b>900001812579</b>
NAME	<b>FRENCH, MICHAEL</b>	3.2 NAME	<b>-05/08/96--01011--016</b>
STREET ADDRESS	<b>1309 NORTH FLAGLER DRIVE</b>	3.3 STREET ADDRESS	<b>***1735.00</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	
NAME	<b>LARCOMBE, VALERIE GOODWI</b>	4.2 NAME	
STREET ADDRESS	<b>1309 N FLAGLER DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<b>D</b>
NAME		5.2 NAME	<b>Phillip Dutcher</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1309 N. Flagler Drive</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407)650-6223

CR2E034 (12/95)