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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H89747

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GOOD SAMARITAN HEALTH CORP.

FILED
May 19 1997 8:00am
Secretary of State

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2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. A FEI Number 59-2612547  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Name and Address of Current Registered Agent 4. This corporation has liability for intangible Priorida Statutes 3. Name and Address of Current Registered Agent 4. LARCOMBE, VALERIE GODWIN 4. 1309 N FLACLER DRIVE 4. WEST PALM BEACH FL 33401  8. Street Address (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the Address of Order or registered agent of both in the State of Florida Statutes, the City West Palm Beach 4. City West Palm Beach 4. City West Palm Beach 4. FEI Number 59-2612547  6. Certificate of Status Desired 7 to Status Desired Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the City West Palm Beach 12. City State Palm Beach 13. State Address (P.O. Box Number is Not Acceptable) 13. State Address (P.O. Box Number is Not Acceptable) 13. State Address (P.O. Box Number is Not Acceptable) 13. State Address of Order In the State of Florida Statutes, the City West Palm Beach 14. City State Palm Beach 15. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the City State Palm Beach 16. Election Country 17. State Address (P.O. Box Number is Not Acceptable) 18. Name and Address of New Registered Agent agent in the State Address of New Registered Agent agent in the State Order	B5 Zip Code 33401 changing its registered intment as registered
3. Date Incorporated or Qualified 12/12/1985	Applied For Not Applicab  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees ax under s. 199.032, No gent     State   S
28. Mailing Address 25. Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Signand Address of Current Registered Agent  LARCOMBE, VALERIE GODWIN  1309 N FLAGLER DRIVE  WEST PALM BEACH FL 33401  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 office or registered agent and face pit the obligations (f. Section Campaign Financing Trust Fund Contribution  LARCOMBE, VALERIE GODWIN  1309 N FLAGLER DRIVE  WEST PALM BEACH FL 33401  10. Name and Address of New Registered Agent  Sireet Address (P.O., Box Number is Not Acceptable)  1309 No. Flagler Drive  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 office or registered agent in an analysis of the purpose of office or registered agent in an analysis of the purpose of office of registered agent in an analysis of the purpose of office of registered agent in an analysis of the purpose of the obligations (f. Section Co.) (Soc.), Florida Statutes, the above-named corporation submits his statement for the purpose of office or registered agent in an analysis of the purpose	Applied For Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent  85 Zip Code 33401 changing its registered intment as registered
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  8. This corporation has hability for intangible Florida Statutes  Too Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. State City West Palm Beach  FL  Street Address (P.O. Box Number is Not Acceptable)  13. Name Palm Beach  FL  City West Palm Beach  FL  Street Address (P.O. Box Number is Not Acceptable)  13. Name Palm Beach  FL  City West Palm Beach  FL  City City City City City City City City	Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent  85 Zip Code 33401 changing its registered intment as registered
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City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Signature and Address of Current Registered Agent  LARCOMBE, VALERIE GODWIN  1309 N FLAGLER DRIVE  WEST PALM BEACH FL 33401  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 office or registered agent or bour in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appraagen. I am familiar with, appraacept the obligations of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or particular agent of the I appraishe (NOTE: Registered Agent signature required when rendstring)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  City, ST. Zip  W PALM BEACH FL 33401  14. CITY-ST-Zip	Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent  2ip Code 33401 changing its registered intment as registered
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Zip Country Zip Country Zip Country S. This corporation has liability for intengible Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LARCOMBE, VALERIE GODWIN 1309 N FLAGLER DRIVE WEST PALM BEACH FL 33401  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 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 appraignent. I am familiar perm, and accept the obligations of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or period rame of registered agent and like I applicable. (NOTE: Registered Agent signature required when renetating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  PEARSON, ANDRALL  12. NAME  STREET ADDRESS  CITY ST- ZIP  VALUE COUNTY  8. This corporation has hability for intenglible Florida Statutes  10. Name and Address of New Registered Agent and Address of New Registered Agent and Address of New Registered Agent applies of Name and Address of New Registered Agent and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Name and Address of New Registered Agent applies of Nam	ax under s. 199.032, No gent  Signature  Signature Signa
9. Name and Address of Current Registered Agent  LARCOMBE, VALERIE GODWIN 1309 N FLAGLER DRIVE WEST PALM BEACH FL 33401  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 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 approach. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City Florida Statutes (NOTE: Registered Agent aignsture required when renestating)  DATE  CD PEARSON, ANDRALL  13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  13. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  15. STREET ADDRESS  16. CITY-ST-ZIP  16. CITY-ST-ZIP	B5 Zip Code 33401 changing its registered intment as registered
2. Name and Address of Current Registered Agent  LARCOMBE, VALERIE GODWIN  1309 N FLAGLER DRIVE  WEST PALM BEACH FL 33401  11. Pursuant to the provisions of Sectiops 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 approach agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. I TITLE  CD  PEARSON, ANDRALL  12. NAME  STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY. STI-ZIP  West Palm Beach  (NOTE: Registered Agent signature required when renestating)  DATE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  W PALM BEACH FL 33401  1.4 CITY-STI-ZIP	as Zip Code 33401 changing its registered intment as registered
LARCOMBE, VALERIE GODWIN 1309 N FLAGLER DRIVE WEST PALM BEACH FL 33401  81 Street Address (P.O. Box Number is Not Acceptable) 1309 No. Flagler Drive  82 Street Address (P.O. Box Number is Not Acceptable) 1309 No. Flagler Drive  83 PL  84 City West Palm Beach FL  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 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 applicable agent. I am familiar with, and accept the obligations (f. Section 607.0505, Florida Statutes.)  SIGNATURE Signature, typed or period name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ITITLE  PEARSON, ANDRALL  12. NAME  13. STREET ADDRESS  CITY ST. ZIP  W PALM BEACH FL 33401  14. CITY-ST-ZIP	Zip Code 33401 changing its registere intment as registered
1309 N FLAGLER DRIVE WEST PALM BEACH FL 33401  82 Street Address (P.O. Box Number is Not Acceptable) 1309 No. Flagler Drive  83  84 City West Palm Beach FL  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 office or registered agent or boar in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the applicable agent. I am familiar with, and accept the obligations of Sections 607.0505, Florida Statutes.  SIGNATURE Signature, typed or pertud name of registered agent and title I applicable. (NOTE: Registered Agent signature required when renstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PEARSON, ANDRALL 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-ZIP	changing its registere intment as registered
WEST PALM BEACH FL 33401  1309 No. Flagler Drive  83  84 City West Palm Beach FL  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 office or registered agent of bour in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of office or registered agent with a particle of the obligations of the section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or pertudiname diregistered agent and title if applicable. (NOTE: Registered Agent signature required when renetating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PEARSON, ANDRALL  12 NAME  13 STREET ADDRESS  CITY STI ZIP  W PALM BEACH FL 33401  14 CITY-ST-ZIP	changing its registere intment as registered
B4 City West Palm Beach  TL  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 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 approagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or perted name of registered agent and title I applicable. (NOTE: Registered Agent signature required when renestating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND MAKE  PEARSON, ANDRALL  STREET ADDRESS  CITY ST-ZIP  W PALM BEACH FL 33401  14. CITY-ST-ZIP	changing its registere intment as registered
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SIGNATURE  Signature, typed or period rame of registered agent and tile if applicable. (NOTE: Registered Agent signature required when renetating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE  NAME  PEARSON, ANDRALL  12. NAME  13. STREET ADDRESS  CITY: ST: ZIP  W PALM BEACH FL 33401  1.4 CITY: ST: ZIP	የግ
Signature, typed or pertudic name of registered agent and title 1 appricable. (NOTE: Registered Agent aignature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND  INTE  CD  PEARSON, ANDRALL 1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CHY-ST-ZIP  W PALM BEACH FL 33401 1.4 CHY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DITECTORS  DELETE 1.1 TITLE  PEARSON, ANDRALL 1.2 NAME  STREET ADDRESS 1309 N FLAGLER DRIVE 1.3 STREET ADDRESS  CITY - ST - ZIP  W PALM BEACH FL 33401 1.4 CITY - ST - ZIP	DIRECTORS IN 12
NAME PEARSON, ANDRALL 1.2 NAME STREET ADDRESS 1309 N FLAGLER DRIVE 1.3 STREET ADDRESS CHY-ST-ZIP W PALM BEACH FL 33401 1.4 CHY-ST-ZIP	
STREET ADDRESS 1309 N FLAGLER DRIVE 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP 1.4 CITY - ST - ZIP	Change Addition
CITY ST-ZIP W PALM BEACH FL 33401 1.4 CITY-ST-ZIP	
135 (J1) - 51 - 21 - 135 (J1) - 51 - 21 - 21 - 21 - 21 - 21 - 21 - 21	
	Change Addition
NAME GARDNER, GREG 22 NAME Frank Nask	
SIREET ADDRESS 1309 N FLAGLER DRIVE 23 STREET ADDRESS 1309 No. Flagler Drive	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE PO XXXX DELETE 3.1 TITLE	Change Addition
NAME FRENCH, MICHAEL 32 NAME	
STREET ADDRESS 1309 NORTH FLAGLER DRIVE 3.3 STREET ADDRESS	
CITY-ST-7/P WEST PALM BEACH FL 3.4 CITY-ST-7/P	
TITLE S DELETE 4.1 TITLE S XX	Change Addition
NAME LARCOMBE, VALERIE GOODWI 42 NAME Valerie G. Larcombe	
STREET ADDRESS 1309 N FLAGLER DRIVE 43 STREET ADDRESS 1309 No. Flagler Drive	
CITY-ST-ZIP WEST PALM BEACH FL 44CITY-ST-ZIP West Palm Beach, FL 33401	
	X Change Addition
NAME DUTCHER, PHILLIP 52 NAME Phillip C. Dutcher	
STHEET ADDRESS 1309 NORTH FLAGLER DRIVE 53 STREET ADDRESS 1309 No. Flagler Drive	
CITY-SI-ZIP WEST PALM BEACH FL 33401 54 CITY-SI-ZIP West Palm Beach, FL 33401	
	Change XXXdditio
NAME Richard Johnson	44444
STREET ADDRESS 1309 No. Flagler Drive	

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 path; 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

561-650-6126