

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **H89747** (0)

1. Corporation Name
GOOD SAMARITAN HEALTH CORP.

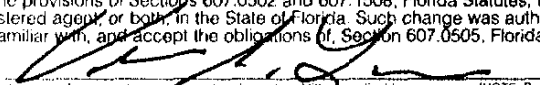
| | |
|---|--|
| Principal Place of Business 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401 | Mailing Address 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401-3408 |
|---|--|



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|---|--|----------------------------------|--|--|--|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 12/12/1985 | | 3a. Date of Last Report 05/01/1996 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-2612547 | | Applied For Not Applicable | |
| City & State 23 | | City & State 28 | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> XX | | \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Zip 29 | | Country 30 | | 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 LARCOMBE, VALERIE GODWIN 1309 N FLAGLER DRIVE WEST PALM BEACH FL 33401 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name Valerie G. Larcombe | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 1309 No. Flagler Drive | | | |
| | | | | 83 | | | |
| | | | | 84 City West Palm Beach | | | |
| | | | | 85 Zip Code 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 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  DATE **4-28-97**
(NOTE: Registered Agent signature required when reinstating)

| | | | | | | | |
|----------------------------|---------------------------|--|--|---|---------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | CD | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 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 | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 2.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GARDNER, GREG | | | 2.2 NAME | Frank Nask | | |
| STREET ADDRESS | 1309 N FLAGLER DRIVE | | | 2.3 STREET ADDRESS | 1309 No. Flagler Drive | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 2.4 CITY-ST-ZIP | West Palm Beach, FL 33401 | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FRENCH, MICHAEL | | | 3.2 NAME | | | |
| STREET ADDRESS | 1309 NORTH FLAGLER DRIVE | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 4.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LARCOMBE, VALERIE GOODWIN | | | 4.2 NAME | Valerie G. Larcombe | | |
| STREET ADDRESS | 1309 N FLAGLER DRIVE | | | 4.3 STREET ADDRESS | 1309 No. Flagler Drive | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 4.4 CITY-ST-ZIP | West Palm Beach, FL 33401 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DUTCHER, PHILLIP | | | 5.2 NAME | Phillip C. Dutcher | | |
| STREET ADDRESS | 1309 NORTH FLAGLER DRIVE | | | 5.3 STREET ADDRESS | 1309 No. Flagler Drive | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | | 5.4 CITY-ST-ZIP | West Palm Beach, FL 33401 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | Richard Johnson | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | 1309 No. Flagler Drive | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | West Palm Beach, FL 33401 | | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE **4-22-97** DAYTIME PHONE # **561-650-6126**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)