## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **H89747** May 06, 2000 8:00 am Secretary of State GOOD SAMARITAN HEALTH CORP. 05-06-2000 90152 001 \*1,685.00 Mailing Address Principal Place of Business 1309 NORTH FLAGLER DRIVE 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401-3406 WEST PALM BEACH FL 33401 $\mathbf{I} \boldsymbol{\bowtie} \mathbf{v} \cup \mathbf{v}$ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2612547 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Valerie G. Larcombe, Esquire LARCOMBE, VALERIE G Street Address (P.O. Box Number is Not Acceptable) 1309 N FLAGLER DRIVE <u> Akerman Senterfitt</u> WEST PALM BEACH FL 33401 777 S. Flagler Drive, Suite 900E Zip Code 33401 West Palm Beach 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Valerie G. Larcombe SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition CD TITLE Change ☐ Delete TITLE FREDERICK ADLER NAME NAME STREET ADDRESS 1309 NORTH FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 **XX**Change ☐ Addition ☐ Delete TITLE TITLE NASK, FRANK NAME NAME Michael Loscalzo STREET ADDRESS STREET ADDRESS 1309 NORTH FLAGLER DRIVE 1309 N. Flagler Drive CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 West Palm Beach, FL Change ☐ Addition Delete TITLE LARCOMBE, VALERIE G NAME NAME STREET ADDRESS 1309 NORTH FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Change ☐ Addition ☐ Delete TITLE TITLE PD Steven Nathan DUTCHER, PHILLIP C NAME NAME 1309 N. Flagler Drive STREET ADDRESS STREET ADDRESS 1309 NORTH FLAGLER DRIVE CITY-ST-ZIP West Palm Beach, FL CITY-ST-ZIP WEST PALM BEACH FL 33401 Change ☐ Addition TITLE ☐ Delete JOHNSON, RICHARD NAME NAME STREET ADDRESS 1309 NORTH FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Nathan 4/27/00

President and CEO

Change

☐ Addition