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FILED

May 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00538 (1)

1. Corporation Name

GOOD SAMARITAN HEALTH SYSTEMS, INC.

Principal Place of Business

Mailing Address

1309 N FLAGLER DR.
W PALM BCH FL 334011309 N FLAGLER DR.
W PALM BCH FL 33401-34063. Date Incorporated or Qualified
12/22/19833a. Date of Last Report
05/01/1996

4. FEI Number

59-2390234

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

XXK

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOTBE, VALERIE GOODWI
1309 N. FLAGLER DR.
W PALM BCH FL 33401

81 Name

Valerie G. Larcombe

82 Street Address (P.O. Box Number is Not Acceptable)

1309 N. Flagler Drive

84 City

West Palm Beach

FL

85 Zip Code
33401

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME PEARSON, ANDRALL
STREET ADDRESS 1309 N FLAGLER DR.
CITY-ST-ZIP W PALM BCH FL 334011.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VCD ☐ DELETE
NAME SCHOTT, LEWIS
STREET ADDRESS 1309 N FLAGLER DR.
CITY-ST-ZIP W PALM BCH FL 334012.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☒ DELETE
NAME FRENCH, MICHAEL
STREET ADDRESS 1309 N. FLAGLER DR.
CITY-ST-ZIP W PALM BCH, FL 000003.1 TITLE ☐ Change ☒ Addition
3.2 NAME Phillip C. Dutcher
3.3 STREET ADDRESS 1309 N. Flagler Drive
3.4 CITY-ST-ZIP West Palm Beach, FL 33401TITLE T ☒ DELETE
NAME GARDNER, GREG
STREET ADDRESS 1309 N FLAGLER DR.
CITY-ST-ZIP W PALM BCH FL 334014.1 TITLE ☐ Change ☒ Addition
4.2 NAME Frank Nask
4.3 STREET ADDRESS 1309 N. Flagler Drive
4.4 CITY-ST-ZIP West Palm Beach, FL 33401TITLE S ☐ DELETE
NAME LARCOTBE, VALERIE GOODWI
STREET ADDRESS 1309 N FLAGLER DR.
CITY-ST-ZIP W PALM BCH FL 334015.1 TITLE ☒ Change ☐ Addition
5.2 NAME Valerie G. Larcombe
5.3 STREET ADDRESS 1309 N. Flagler Drive
5.4 CITY-ST-ZIP West Palm Beach, FL 33401TITLE D ☒ DELETE
NAME ADLER, FREDERICK
STREET ADDRESS 1309 N FLAGLER DR.
CITY-ST-ZIP W PALM BCH FL 334016.1 TITLE
6.2 NAME 100002172431
6.3 STREET ADDRESS -05/09/97--01002--053
6.4 CITY-ST-ZIP ***593.75

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

561 650 6223

Date

Daytime Phone # 0036147

CR2E037 (9/96)