

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90021 001 \*1,485.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N00538**

1. Corporation Name

**GOOD SAMARITAN HEALTH SYSTEMS, INC.**

Principal Place of Business

1309 N FLAGLER DR.  
W PALM BCH FL 33401

Mailing Address

1309 N FLAGLER DR.  
W PALM BCH FL 33401



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/22/1983

4. FEI Number

59-2390234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**LARCOMBE, VALERIE**  
**1309 N. FLAGLER DR.**  
**W PALM BCH FL 33401**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **FREDERICK ADLER**  
STREET ADDRESS **1309 N FLAGLER DR.**  
CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **VCD** ☐ DELETE  
NAME **DONALD WARREN**  
STREET ADDRESS **1309 N FLAGLER DR.**  
CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **PD** ☐ DELETE  
NAME **DUTCHER, PHILLIP**  
STREET ADDRESS **1309 N FLAGLER DR.**  
CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **T** ☐ DELETE  
NAME **NASK, FRANK**  
STREET ADDRESS **1309 N FLAGLER DR.**  
CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **S** ☐ DELETE  
NAME **LARCOMBE, VALERIE**  
STREET ADDRESS **1309 N FLAGLER DR.**  
CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 is in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

DATE

CR2E037 (11/98)

562400-40021-1  
Doc#N100538

**GOOD SAMARITAN HEALTH SYSTEMS, INC.  
BOARD OF DIRECTORS**

**OFFICERS:**

Frederick R. Adler, Chairman  
Donald Warren, M.D., Vice Chairman  
Frank Nask, Treasurer  
Valerie Goodwin Larcombe, Secretary

**BOARD MEMBERS:**

Harry Gray  
Sidney Kohl  
David J. Mahoney  
Jon C. Moyle  
Andrall Pearson  
Helen K. Persson  
David B. Rinker  
Edward Rodgers  
Lewis M. Schott  
Marvin H. Schur