

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90050 031 ****70.00

DOCUMENT # N00538

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2390234

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LARCOMBE, VALERIE G ESQ
 AKERMAN SENTERFIT
 777 S. FLAGLER DR., 4900
 W PALM BCH FL 33401**

7. Name and Address of New Registered Agent

Name

Peter Kenniff

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

300 Palm Beach Lakes Blvd. #301

City

West Palm Beach

FL

Zip Code

33401

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.

SIGNATURE

Peter B Kenniff

4.18.01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. 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 **KOHL, SIDNEY**
 STREET ADDRESS **1309 N FLAGLER DR.**
 CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **T** ☒ Delete
 NAME **SCHULTZ, MICHAEL**
 STREET ADDRESS **1309 N FLAGLER DR.**
 CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **S** ☐ Delete
 NAME **SCHOTT, LEWIS**
 STREET ADDRESS **1309 N FLAGLER DR.**
 CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition
 NAME **Schur, Marvin**
 STREET ADDRESS **1309 N. Flagler Dr.**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **VACANT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TS** ☒ Change ☐ Addition
 NAME **Schott, Lewis**
 STREET ADDRESS **1309 N. Flagler Dr.**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG/MARVIN SCHUR

Marvin Schur

(561) 882-0289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)