

N00538

Flood Samaritan Health Systems, Inc.  
Requester's Name

1309 N. Glasgow Dr.  
Address

W. Palm Beach, FL 33401  
City/State/Zip Phone #

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 APR 26 PM 2:44:31

600004081176--6  
-04/26/01--01075--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

No Return Address  
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

RA Chg.

V. SHEPARD MAY 7 - 2001

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
the undersigned corporation organized under the laws of the State of Florida  
submits the following statement in order to change its registered office or registered agent, or both,  
the State of Florida.

1. The name of the corporation : Good Samaritan Health System, Inc.
2. The mailing address of the corporation : 1309 N. Flagler Dr.  
West Palm Beach, FL 33401
3. Date of incorporation/qualification: 12/22/1983 Document number: N00538
4. The name and address of the current registered agent and office:

Valarie G. Larcombe, Esq.

777 S. Flagler Dr., 4900

West Palm Beach, FL 33401

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Peter Kenniff

625 N. Flager Dr., #400

West Palm Beach, FL 33401

The street address of its registered office and the street address of the business office of its registered  
agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board.

Marvin Schur  
(Signature of an officer, chairman or vice chairman of the board)

4-19-01  
(Date)

Marvin Schur, Chairman

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated  
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent.

Peter Kenniff  
(Signature of Registered Agent)

4.18.01  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*