


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000004349	
1. Entity Name GOOD SAMARITAN MEDICAL CENTER AUXILIARY, INC.	

Principal Place of Business 1309 N FLAGLER DR. WEST PALM BEACH, FL 33401 US	Mailing Address 1828 ASCOTT ROAD NORTH PALM BEACH, FL 33408 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 50-0005865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SATTIZAHN, CINDY 1828 ASCOTT ROAD NORTH PALM BEACH, FL 33408
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZULAUF, BETSY 4200 NORTH OCEAN DRIVE SUITE I-1803 SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HIEBERT, NANCY 200 SOUTH OCEAN BOULEVARD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SATTIZAHN, CINDY 1828 ASCOTT RD N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANKENTHALER, KEN 5200 NORTH FLAGLER DRIVE SUITE 1201 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/07-80025-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Betsy Zulauf</i>	Date <i>1-15-07</i>	Daytime Phone # <i>561-845-1448</i>
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