

NOZ000004349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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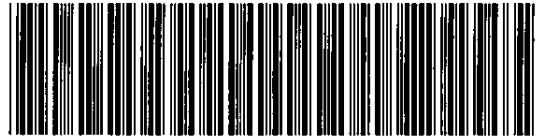
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Good Samaritan Medical Center Auxiliary, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N02000004349

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pam Gibson
(Name of Contact Person)

Good Samaritan Medical Center Auxiliary, Inc.
(Firm/Company)

8793 Lake Blvd.
(Address)

West Palm Beach, FL 33412
(City/State and Zip Code)

For further information concerning this matter, please call:

Pam Gibson at (561) 622-5701
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Good Samaritan Medical Center Auxiliary, Inc.
2. The principal office address: 1309 N. Flagler Drive
West Palm Beach, FL 33401
3. The mailing address (if different): 8793 Lake Blvd.
West Palm Beach, FL 33412
4. Date of incorporation/qualification: 06/07/2002 Document number: N02000004349
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Cindy Sattizahn

1828 Ascott Road

North Palm Beach, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pam Gibson

8793 Lake Blvd.

(P.O. Box NOT acceptable)

West Palm Beach, FL 33412

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, or the corporation has been notified in writing of the change.

Cindy Sattizahn
(Signature of an officer or director)

CINDY SATTIZAHN - Co-PRESIDENT
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Pamela Gibson
(Signature of Registered Agent)

12-10-07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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