

NOZ000004349

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Resign
Theris
12/19/07

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: N02000004349

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mrs. Cindy Sattizahn

(Name of Person)

(Name of Firm/Company)

1828 Ascott Road

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Sattizahn

(Name of Person)

at (561) 626-8282

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2007 DEC 17 AM 11:08


**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Cindy Sattizahn, hereby resign as Co-President
(Title)

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

N02000004349, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314