


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90025 036 ****61.25

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 1020 ASCOFF ROAD NORTH PALM BEACH, FL 33408 US 8793 LAKE BLVD. W. PALM BEACH, FL 33412		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 50-0005865	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GIBSON, PAM 8793 LAKE BLVD. WEST PALM BEACH, FL 33412			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <i>Rose M Marchetti</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			SIGNATURE: <i>Pamela Gibson</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIEBERT, NANCY		NAME		
STREET ADDRESS	200 SOUTH OCEAN BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKENTHALER, KEN		NAME		
STREET ADDRESS	5200 NORTH FLAGLER DRIVE SUITE 1201		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	<i>Rose M. Marchetti</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Co-president</i>		NAME		
STREET ADDRESS	<i>725 Humming Bird Way #201</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>North Palm Beach FL 33408</i>		CITY-ST-ZIP		
TITLE	<i>Co-pres.</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Pamela Gibson</i>		NAME		
STREET ADDRESS	<i>8793 Lakes Blvd</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>W Palm Bch, FL 33412</i>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Rose M Marchetti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			SIGNATURE: <i>Pamela Gibson</i> <small>Date</small>		
			561-863-9917 3-13-08 <small>Daytime Phone #</small>		