

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004349

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** OOOD SAMARITAN MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

1309 NORTH FLAGLER DRIVE  
GIFT SHOP  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

1309 N FLAGLER DR.  
GIFT SHOP  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 50-0005865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBSON, PAM  
8793 LAKE BLVD.  
WEST PALM BEACH, FL 33412 US

**Name and Address of New Registered Agent:**

GOOD SAMARITAN MEDICAL CENTER AUXILIARY  
1309 N. FLAGLER DRIVE  
GIFT SHOP  
WEST PALM BEACH, FL 33401 US

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.

**SIGNATURE:** GOOD SAMARITAN MEDICAL CENTER AUXILIARY

02/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DS  
**Name:** HIEBERT, NANCY  
**Address:** 200 SOUTH OCEAN BOULEVARD  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** CP  
**Name:** MARCHETTI, ROSE M  
**Address:** 725 HUMMING BLVD WAY 201  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

**Title:** CP  
**Name:** HUNTLEY, GLORIA  
**Address:** 234 RUTLAND BLVD.  
**City-St-Zip:** WEST PALM BEACH, FL 33405

**Title:** TR  
**Name:** ULACIA, DORIS  
**Address:** 4111 NORTH DIXIE HIGHWAY  
**City-St-Zip:** WEST PALM BEACH, FL 33407

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROSE MARCHETTI

CP

02/09/2010

Electronic Signature of Signing Officer or Director

Date