2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004349

FILED Apr 15, 2011 Secretary of State

Entity Name: GOOD SAMARITAN MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business: New Principal Place of Business:

1309 NORTH FLAGLER DRIVE GIFT SHOP

WEST PALM BEACH, FL 33401 US

Current Mailing Address: New Mailing Address:

1309 NORTH FLAGLER DRIVE GIFT SHOP

WEST PALM BEACH, FL 33401 US

FEI Number: 50-0005865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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 04/15/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: DS

Name: HIEBERT, NANCY

Address: 200 SOUTH OCEAN BOULEVARD City-St-Zip: DELRAY BEACH, FL 33483

Title: CP

Name: GIBSON, PAMELA Address: 8793 LAKES BLVD.

City-St-Zip: WEST PALM BEACH, FL 33412

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: GLORIA HUNTLEY CP 04/15/2011