

N02000004349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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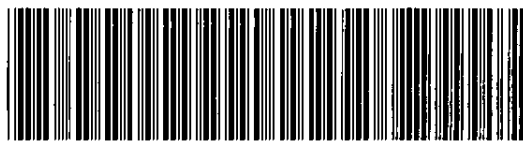
(Business Entity Name)

(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:** N 02000004349

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

Please return all correspondence concerning this matter to the following:

DORIS ULACIA, TREASURER

(Name of Person)

GOOD SAMARITAN MEDICAL CENTER AUXILIAR

(Name of Firm/Company)

1309 NORTH FLAGLER DRIVE

(Address)

WEST PALM BEACH, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

DORIS ULACIA

(Name of Person)

at ( 561 ) 650-6216

(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**

I, ROSE M. MARCHETTI, hereby resign as CO - PRESIDENT  
(Title)

of GOOD SAMARITAN MEDICAL CENTER AUXILIARY, INC.,  
(Name of Corporation)

N 02000004349, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

Rose Marchetti  
(Signature of resigning officer/director)

FILED  
11 APR 18 AM 9:45  
TALLAHASSEE, FL 32304

**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