

No 2000004349



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Joyce P. Milne
Volunteer Services/Gift Shop

☐ PICK-UP ☐ WAIT ☐ MAIL

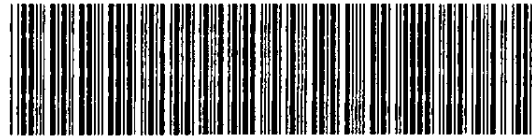
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Good Samaritan Medical Center Auxiliary
Name of Corporation

DOCUMENT NUMBER: N02000004349

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Doris Ullrich, Treasurer
Name of Contact Person

Good Samaritan Medical Center Auxiliary
Firm/Company

1309 N. Flagler Drive
Address

West Palm Beach, FL 33401
City/State and Zip Code

joyce.milne@tenethealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce Milne at (561) 650-6216
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2011

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

SUBJECT: GOOD SAMARITAN MEDICAL CENTER AUXILIARY, INC.
Ref. Number: N02000004349

It has come to our attention through an audit of our records that your corporation has improperly designated your registered agent.

Florida law does not allow a corporation to serve as its own registered agent. The registered agent may be changed by filing the enclosed registered agent change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by June 20, 2011, your corporation will be administratively dissolved. Please send this form back to my personal and confidential attention to insure the proper filing of this document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 711A00009659

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Good Samaritan Medical Center Auxiliary
2. The principal office address: 1309 So Flagler Drive
West Palm Beach, FL 33411
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6-7-2002 Document number: NO2000024349
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Good Samaritan Medical Center Auxiliary
resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pamela Gibson
Good Samaritan Medical Center
Gift Shop
1309 So Flagler Drive P.O. Box NOT acceptable
West Palm Beach, FL 33411

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Gloria Huntley Gloria Huntley, President
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

P. Gibson
Signature of Registered Agent

4-27-11
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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