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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S72249** **(3)**

1. Corporation Name
GOOD SAMARITAN MEDICAL PAVILIONS, INC.

Principal Place of Business	Mailing Address
1300 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33402	1300 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401-3401

3. Date Incorporated or Qualified: 06/06/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1309 No. Flagler Drive
22 Suite, Apt. #, etc.
23 City & State: West Palm Beach, FL
24 Zip: 33401
25 Country: Palm Beach

2a. Mailing Address
26 1309 No. Flagler Drive
27 Suite, Apt. #, etc.
28 City & State: West Palm Beach, FL
29 Zip: 33401
30 Country: Palm Beach

4. FEI Number: 65-0353975 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired XXX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GOODWIN LARCOMBE, VALERIE
1309 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name: Valerie G. Larcombe
82 Street Address (P.O. Box Number is Not Acceptable): 1309 No. Flagler Drive
83
84 City: West Palm Beach FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RINKER, DAVID 1309 NORTH FLAGLER DRIVE W. PALM BEACH FL 33401	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRENCH, MICHAEL 1309 NORTH FLAGER DRIVE W. PALM BEACH FL	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Martin Murphy 1309 No. Flagler Drive West Palm Beach, FL 33401	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LARCOMBE-GOODWIN, VALERIE 1309 NORTH FLAGLER DRIVE W. PALM BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Valerie G. Larcombe 1309 No. Flagler Drive West Palm Beach, FL 33401	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARDNER, GREG 1309 N FLAGLER DRIVE W. PALM BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Frank Nask 1309 No. Flagler Drive West Palm Beach, FL 33401	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUTCHER, PHIL 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PD Phillip C. Dutcher 1309 No. Flagler Drive West Palm Beach, FL 33401	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOBIAS, RICHARD 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phillip C Dutcher II 4-22-97 561-650-6126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #