FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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
1309 N FLAGLER DR WEST PALM BEACH FL 33401 US	1309 N FLAGLER DR WEST PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1991
4. FEI Number: 65-0353975 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	D	XXX Change ☐ Addition
NAME	RINKER, DAVID		1.2 NAME	David Rinker	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE		1.3 STREET ADDRESS	1309 No. Flagler Drive	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	XXX DELETE	2.1 TITLE	CD	XXX Change XXX Addition
NAME	MURPHY, MARTIN		2.2 NAME	Thomas McCloskey	
STREET ADDRESS	1309 NORTH FLAGER DRIVE		2.3 STREET ADDRESS	1309 No. Flagler Drive	
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LARCOMBE-GOODWIN, VALERIE		3.2 NAME		
STREET ADDRESS	1309 NORTH FLAGLER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NASK, FRANK		4.2 NAME		
STREET ADDRESS	1309 N FLAGLER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUTCHER, PHIL		5.2 NAME		
STREET ADDRESS	1309 NORTH FLAGLER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TOBIAS, RICHARD		6.2 NAME	800002515788	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE		6.3 STREET ADDRESS	-05/07/98--01096--005	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		6.4 CITY-ST-ZIP	***1843.75	

14. I 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: [signature] 4/20/98 650-7223