

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90021 001 *1,485.00

DOCUMENT # S72249

1. Corporation Name

GOOD SAMARITAN MEDICAL PAVILIONS, INC.

Principal Place of Business

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

Mailing Address

**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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODWIN LARCOMBE, VALERIE
1309 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

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)

4/30/99

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **D**
NAME **DAVID RINKER**
STREET ADDRESS **1309 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CD**
NAME **THOMAS MCCLOSKEY**
STREET ADDRESS **1309 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S**
NAME **LARCOMBE-GOODWIN, VALERIE**
STREET ADDRESS **1309 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD**
NAME **NASK, FRANK**
STREET ADDRESS **1309 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD**
NAME **DUTCHER, PHIL**
STREET ADDRESS **1309 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **TOBIAS, RICHARD**
STREET ADDRESS **1309 NORTH FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
Greg Robinson
1309 North Flagler Drive
West Palm Beach, FL 33401

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

561 658 6223
Daytime Phone #

CR2E034 (1/98)

0320127