2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$72249** May 06, 2000 8:00 am Secretary of State 1. Entity Name GOOD SAMARITAN MEDICAL PAVILIONS, INC. 05-06-2000 90152 001 *1,685.00 Principal Place of Business Mailing Address 1309 N FLAGLER DR 1309 N FLAGLER OR WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-3406 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FFI Number City & State 65-0353975 Not Applicable Country **\$8.75** Additional Zip Country ХX Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Valerie G. Larcombe, Esquire</u> GOODWIN LARCOMBE, VALERIE Street Address (P.O. Box Number is Not Acceptable) 1309 NORTH FLAGLER DRIVE Akerman Senterfitt WEST PALM BEACH FL 33401 777 S. Flagler Drive, Suite 900E 33401 8. The above named entity submits this statement for the our pose of changing its registered office or registered agent, or both, in the State of Florida ed agent and title if applicable. Valerie G. Larcombe SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE DAVID RINKER NAME NAME STREET ADDRESS STREET ADDRESS 1309 N FLAGLER DR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition ☐ Delete TITLE TITLE THOMAS MCCLOSKEY NAME NAME 1309 N FLAGLER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition Delete TITLE LARCOMBE-GOODWIN, VALERIE NAME NAME 1309 N FLAGLER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Change Addition TD ☐ Delete TITLE TITLE TD NASK, FRANK NAME NAME Michael Loscalzo 1309 N FLAGLER DR STREET ADDRESS STREET ADDRESS 1309 N. Flagler Drive CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP West Palm Beach, FL 33401 Change ☐ Addition PD ☐ Delete TITLE DUTCHER, PHIL NAME NAME STREET ADDRESS Steven Nathan STREET ADDRESS 1309 N FLAGLER DR CITY-ST-ZIP 1309 N. Flagler Drive CITY-ST-ZIP WEST PALM BEACH FL 33401 West Palm Beach, FL 33401Change XX Delete Addition TITLE TITLE

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

NAME

STREET ADDRESS

CITY-ST-ZIP

TOBIAS, RICHARD

1309 NORTH FLAGLER DRIVE

WEST PALM BEACH FL 33401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Nathan

4/27/00

561-650-6201

President and CEO

Daytime Phone #