2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90724 011 ***150.00

DOCUMENT # S72249

1. Entity 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

2. Principal Place of Business	3. Mailing Address
1401 FORUM WAY	1401 FORUM WAY
Suite, Apt. #, etc.: SUITE 101	Suite, Apt. #, etc.: SUITE 101
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33401 Country:	Zip: 33401 Country:

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARCOMBE, VALERIE G ESQ AKERMAN SENTERFITT 777 S. FLAGLER DRIVE, SUITE 900E WEST PALM BEACH FL 33401	Name: DALE S. WEBBER Street Address (P.O. Box Number is Not Acceptable): 401 E. JACKSON ST. SUITE 2500 City: TAMPA **FL** Zip Code: 33602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 5/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD STANEK, ROBERT 1309 N FLAGLER DR WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERT V. STANEK 1401 FORUM WAY, SUITE 101 WEST PALM BEACH, FL 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LARCOMBE-GOODWIN, VALERIE 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DANIEL F. RUSSELL 1401 FORUM WAY, SUITE 101 WEST PALM BEACH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOSCALZO, MICHAEL 1309 N FLAGLER DR WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD C. KENT RUSSELL 1401 FORUM WAY, SUITE 101 WEST PALM BEACH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESHAK, KENNETH 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAM BRICKER 1401 FORUM WAY, SUITE 101 WEST PALM BEACH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: William J Bricker SIGNATURE REQUIRED William J Bricker 5/20/02 561-686-0769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)