

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90001 009 \*\*\*550.00

**DOCUMENT # S72249**

1. Entity Name

GOOD SAMARITAN MEDICAL PAVILIONS, INC.



Principal Place of Business

1645 PALM BCH LAKES BLVD  
440  
WEST PALM BEACH, FL 33401 US

Mailing Address

1645 PALM BCH LAKES BLVD  
440  
WEST PALM BEACH, FL 33401 US

**54069642**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0353975

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEBER, DALE S  
401 E. JACKSON ST  
STE 2500  
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME STANEK, ROBERT  
STREET ADDRESS 1401 FORUM WAY STE 101  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE STD ☐ Delete  
NAME RUSSELL, KENT C  
STREET ADDRESS 1645 PALM BCH LAKES BLVD STE 440  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE CD ☐ Delete  
NAME RUSSEL, DANIEL F  
STREET ADDRESS 1401 FORUM WAY STE 101  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE STF ☐ Delete  
NAME RUSSELL, KENT C  
STREET ADDRESS 1401 FORUM WAY STE 101  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE PD ☐ Delete  
NAME STANEK, ROBERT V  
STREET ADDRESS 1645 PALM BEACH LAKES BLVD STE 440  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE CD ☐ Delete  
NAME RUSSELL, DANIEL F  
STREET ADDRESS 1645 PALM BEACH LAKES BLVD STE 440  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 1645 Palm Beach Lakes Blvd, Suite 440  
STREET ADDRESS West Palm Beach, FL 33401  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 1645 Palm Beach Lakes Blvd, Suite 440  
STREET ADDRESS West Palm Beach, FL 33401  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/04

610 3552104

Date

Daytime Phone #