

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM
Secretary of State

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



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert V. Stanek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/05 561-686-0749, x203