

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 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
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0353975	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANEK, ROBERT 1401 FORUM WAY STE 101 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUSSELL, KENT C 1645 PALM BCH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUSSEL, DANIEL F 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STF RUSSELL, KENT C 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANEK, ROBERT V 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUSSELL, DANIEL F 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: R. Stanek Robert V. Stanek, CEO (561) 686-0769
DATE: _____ DAYTIME PHONE: _____