

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90133 026 ***150.00

DOCUMENT # S72249

1. Entity Name
GOOD SAMARITAN MEDICAL PAVILIONS, INC.



Principal Place of Business
**1401 FORUM WAY
STE 101
WEST PALM BEACH FL 33401
US**

Mailing Address
**1401 FORUM WAY
STE 101
WEST PALM BEACH FL 33401
US**

2. Principal Place of Business

1645 Palm Beach Lakes Blvd.

3. Mailing Address

1645 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

440

Suite, Apt. #, etc.

440

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 **V** ☒ Delete
NAME **BRICKER, WILLIAM**
STREET ADDRESS **1401 FORUM WAY STE 101**
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Stanek, Robert V.**
STREET ADDRESS **1645 Palm Beach Lakes Blvd., Suite 440**
CITY-ST-ZIP **West Palm Beach, FL 33401**

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

TITLE **CD** ☒ Change ☐ Addition
NAME **Russell, Daniel F.**
STREET ADDRESS **1645 Palm Beach Lakes Blvd., Ste. 440**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **STF** ☒ Change ☐ Addition
NAME **Russell, c. Kent**
STREET ADDRESS **1645 Palm Beach Lakes Blvd., Ste. 440**
CITY-ST-ZIP **West Palm Beach, FL 33401**

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 REQUIRED** **Robert V. Stanek 2/28/03 (561) 686-0769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)