

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035382

Entity Name: GOOD SAMARITAN MEDICAL CENTER, INC.

Current Principal Place of Business:

14201 DALLAS PKWY
DALLAS, TX 75254

Current Mailing Address:

14201 DALLAS PKWY
DALLAS, TX 75254 US

FEI Number: 75-2932824

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|---------------------|-----------------|-------------------|
| Title | P | Title | S |
| Name | MONTGOMERY, SHERI | Name | MACK, KRISTINA A. |
| Address | 14201 DALLAS PKWY | Address | 14201 DALLAS PKWY |
| City-State-Zip: | DALLAS TX 75254 | City-State-Zip: | DALLAS TX 75254 |
| | | | |
| Title | TREASURER, DIRECTOR | | |
| Name | MORRIS, OWEN | | |
| Address | 14201 DALLAS PKWY | | |
| City-State-Zip: | DALLAS TX 75254 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINA A MACK

SECRETARY

03/29/2023

Electronic Signature of Signing Officer/Director Detail

Date