

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V29695 (6)**

1. Corporation Name

**THE GOOD SAMARITAN PATIENT CARE, INC.**



Principal Place of Business: **10540 NW 26 ST STE G-106 MIAMI FL 33172 US**  
Mailing Address: **10540 NW 26TH ST STE G-106 MIAMI FL 33172 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/15/1992**  
3a. Date of Last Report: **09/25/1995**  
4. FEI Number: **65-0332586**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **DELGADO, ESPERANZA 108 S.W. 104TH COURT SWEETWATER FL 33174**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS (DELETE) fields: 1. TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP. Includes entries for MAZZORANA, MARTA C. and DELGADO, ESPERANZA.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (CHANGE/ADDITION) fields: 1. TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 in power; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 5/2/96 (305) 477-3881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)