

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010283

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC1271674635**

**Entity Name:** GOOD SAMARITAN NETWORK - NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

176 CLARA AVE.  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

P.O. BOX 9135  
PANAMA CITY BEACH, FL 32417

**FEI Number: 47-2278245**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FOX, BILLY E REV.  
176 CLARA AVE.  
PANAMA CITY BEACH, FL 32407 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 PD  
Name FOX, BILLY E REV.  
Address 176 CLARA AVE.  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title VPD  
Name YOUNG, MICHAEL  
Address 420 LE GRAND DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BILLY E. FOX**

**PRESIDENT**

**03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date