2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

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Entity Name: SAMARITAN USA, LLC

Current Principal Place of Business:

2525 PONCE DE LEON BOULEVARD, STE 400
CORAL GABLES, FL 33134

New Principal Place of Business:

1005 W COLLEGE BLVD STE A
NICEVILLE, FL 32578

Current Mailing Address:

2525 PONCE DE LEON BOULEVARD, STE 400
CORAL GABLES, FL 33134

New Mailing Address:

1005 W COLLEGE BLVD STE A
NICEVILLE, FL 32578

FEI Number: 26-1398873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACAULAY, ROBERT B ESQ
2525 PONCE DE LEON BOULEVARD, STE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BURKE, DARLENE K
239 WAVA AVE
NICEVILLE, FL 32578 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: DARLENE BURKE 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RUBEN, RICHARD S DR
Address: 2525 PONCE DE LEON BOULEVARD, STE 400
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete
Name: SATCHI, MAHALINGAM DR
Address: 2525 PONCE DE LEON BOULEVARD, STE 400
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DR MAHALINGAM SATCHI MGR 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date