2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N01000007985

Entity Name: THE SAMARITAN CORPORATION, INCORPORATED

Current Principal Place of Business:

9475 SE 35TH CT.
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

9475 SE 35TH CT.
OCALA, FL 34480

New Mailing Address:

FEI Number: 01-0563999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, BOBBIE J
479 WATER WAY
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	(X) Delete
Name:	ROBINSON, BEVERLY J	
Address:	1610 SE 22ND AVE.	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	GILBERT, ULYSSES	
Address:	11830 SW 8TH ST.	
City-St-Zip:	OCALA, FL 34478	
Title:	D	( ) Delete
Name:	LANE, CYNTHIA	
Address:	3455 26TH AVE. S.	
City-St-Zip:	ST. PETERSBURG, FL 33711	
Title:	D	( ) Delete
Name:	REECE, MICHAEL	
Address:	485WATER RUN	
City-St-Zip:	OCALA, FL 34472	
Title:	D	( ) Delete
Name:	FIELDS, PAMELA	
Address:	2436 REGISTER ROAD	
City-St-Zip:	FRUITLAND PARK, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL REECE D 04/30/2003
Electronic Signature of Signing Officer or Director — Date