## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004630

FILED Apr 18, 2006 Secretary of State

Entity Name: N. DONALD DIEBEL, JR., M.D. GOOD SAMARITAN FUND, INC.

	rincipal Place of Business:	New Principal Place of Business:
1150 VIA L WINTER F	UGANO PARK, FL 32789	
Current M	ailing Address:	New Mailing Address:
SUITE 203	EWATER DRIVE ), FL 32804	
FEI Number:	20-0050131 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Age	ent: Name and Address of New Registered Agent:
	OSEPH F IT FAIRBANKS AVENUE PARK, FL 32789 US	
	named entity submits this statement for of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATUR		
	Electronic Signature of Register	red Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Γitle: Name: Address:	O () Delete DIEBEL, N. DONALD S R 1150 VIA LUGANO WINTER PARK, FL 32789	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	O () Delete DIEBEL, N. DONALD S R 1150 VIA LUGANO	Title: ( ) Change ( ) Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	O () Delete DIEBEL, N. DONALD S R 1150 VIA LUGANO WINTER PARK, FL 32789  O () Delete MEIER, JOSEPH F 208 LONG ACRRES LANE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	O () Delete DIEBEL, N. DONALD S R 1150 VIA LUGANO WINTER PARK, FL 32789  O () Delete MEIER, JOSEPH F 208 LONG ACRRES LANE OVIEDO, FL 32765  O () Delete DIEBEL-LANE, ANNE 611 PENN PLACE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARK BREWER D 04/18/2006