2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007026

City-St-Zip:

Entity Name: INTERNATIONAL GOOD SAMARITAN, INC.

FILED Apr 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4143 NW 90TH AVE STE 101 4143 NW 90TH AVE CORAL SPRINGS, FL 330651788 SUITE 101 CORAL SPRINGS, FL 330651788 **Current Mailing Address:** New Mailing Address: 4143 NW 90TH AVE STE 101 4143 NW 90TH AVE CORAL SPRINGS, FL 330651788 STE 101 CORAL SPRINGS, FL 330651788 FEI Number: 20-0168536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAURANCY, MEDITA I MAURANCY, MEDITA I 4143 NW 90TH AVE 4143 NW 90TH AVE STE 101 CORAL SPRINGS, FL 330651788 STE 101 CORAL SPRINGS, FL 330651788 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: MEDITA I. MAURANCY 04/05/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROMELUS, BETHSAIDA D Name: Name: 6361 NO FALLS CIRCLE DR. Address: Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition MAURANCY, MEDITA I Name: Name: Address: 4143 NW 90TH AVE STE 101 Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: (X) Change () Addition TUABTEAU, REGINAL THABUTEAU, REGINAL Name: Name: 1800 NW 19TH STREET 1800 NW 19TH STREET Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311 Title: () Delete Title: () Change (X) Addition Name: Name: MOLME, KENSON 834 E CONCODIA AVE #12 Address: Address: City-St-Zip: City-St-Zip: CLEWISTON, FL 33440 Title: () Delete Title: () Change (X) Addition OBAS, MARK A Name: Name: 1800 NW 19TH STREET Address: Address:

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.

City-St-Zip:

FORT LAUDERDALE, FL 33311

SIGNATURE: MEDITA I. MAURANCY CEO 04/05/2004