2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004534

FILED Apr 29, 2009 Secretary of State

Entity Name: SAMARITAN CORPORATION OF HERNANDO COUNTY INC.

Current Principal Place of Business: New Principal Place of Business: 711 W RENFRO ST PLANT CITY, FL 33563 **Current Mailing Address: New Mailing Address:** PO BOX 785 DADE CITY, FL 33526 FEI Number: 20-4547227 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: BOYNTON, ANGIE 32 BANYAN PASS LOOP OCALA, FL 34445 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:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

CEOP () Delete (X) Change () Addition CARTER, CLYDE E CARTER, CLYDE E Name: Name: 11311 N 22ND STREET A-201 Address: 711 W RENFRO STREET Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: PLANT CITY, FL 33563 (X) Change () Addition Title: () Delete Title: Name: WILLIAMS, PAULA D Name: CARTER, PAULA D Address: 711 W RENFRO STREET Address: 711 W RENFRO STREET City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: PLANT CITY, FL 33563 Title: () Delete Title: () Change () Addition

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 Name:
 JACKSON, DELORIS
 Name:

 Address:
 1361 CANDLELIGHT BLVD
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34601
 City-St-Zip:

Electronic Signature of Registered Agent

Title: T () Delete Title: () Change () Addition

 Name:
 BOYNTON, ANGIE
 Name:

 Address:
 32 BANYAN PASS LOOP
 Address:

 City-St-Zip:
 OCALA, FL 34472
 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 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: CLYDE E. CARTER CEO 04/29/2009