

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001780

FILED
Feb 17, 2010
Secretary of State

Entity Name: THE GOOD SAMARITAN CLINIC OF WEST VOLUSIA COUNTY, INC.

Current Principal Place of Business:

312 W NEW YORK AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

312 W NEW YORK AVE
DELAND, FL 32720

New Mailing Address:

FEI Number: 30-0408193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUSKY, MARY E ADMINIS
3317 ENGLISH BRICK TRAIL
DELAND, FL 32724 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
Name: CONNERY, THOMAS FR.
Address: 359 W NEW YORK AVE
City-St-Zip: DELAND, FL 32720

Title: D
Name: JOSLIN, JOHN
Address: 1330 E TAYLOR
City-St-Zip: DELAND, FL 32724

Title: D
Name: PUHR, MARY CATHERINE
Address: 41741 IRIS STREET
City-St-Zip: EUSTIS, FL 32736

Title: D
Name: REED, FRANCIS M.D.
Address: 1070 N. STONE STREET
City-St-Zip: DELAND, FL 32720

Title: DR
Name: KELLY, MICHAEL DMD
Address: 1025 S. VOLUSIA AVENUE
City-St-Zip: ORANGE CITY, FL 32763

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE GILLIARD

DR.

02/17/2010

Electronic Signature of Signing Officer or Director

Date