

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001780

FILED  
Jan 12, 2011  
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 ( )**

**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: MARY CATHERINE PUHR, A.R.N.P.

DIR

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date