

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003332

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: GOOD SAMARITAN NETWORK, INC.

## Current Principal Place of Business:

107 EAST THARPE STREET  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

1018 THOMASVILLE ROAD  
SUITE 200A  
TALLAHASSEE, FL 32303

## Current Mailing Address:

POB 4089  
TALLAHASSEE, FL 32315

## New Mailing Address:

FEI Number: 26-0263297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, RICHARD F  
107 EAST THARPE STREET  
TALLAHASSEE, FL 32303      US

## Name and Address of New Registered Agent:

SMITH, RICHARD F  
1018 THOMASVILLE ROAD  
SUITE 200A  
TALLAHASSEE, FL 32303      US

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: RICHARD F. SMITH

03/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: BURNS, NETH A  
Address: 4151 DEER LANE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP      ( ) Delete  
Name: ALEXANDER, TERESA P  
Address: 3972 EMERALD CHASE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS      ( ) Delete  
Name: HARRISON, GEORGE L  
Address: 6400 KINGMAN TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT      ( ) Delete  
Name: SMITH, RICHARD F  
Address: 107 EAST THARPE STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: BURNS, IRVIN G  
Address: 4151 DEER LANE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      ( ) Delete  
Name: ENWRIGHT, BYRON R  
Address: 6740 VISALIA PLACE  
City-St-Zip: TALLAHASSEE, FL 32317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: RICHARD F. SMITH

TREA

03/09/2009

Electronic Signature of Signing Officer or Director

Date