

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40271

FILED
Apr 21, 2009
Secretary of State

Entity Name: GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC.

Current Principal Place of Business:

5334 ASPEN ST
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5334 ASPEN ST
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3072334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAHY, MELISSA R
5334 ASPEN ST
NEW PORT RICHEY, FL 34652 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: PD () Delete
Name: GOLDMAN, STEPHEN
Address: 5723 HIGH ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STD () Delete
Name: GRABOWSKI, MARIANNE
Address: 7512 RIDGE RD
City-St-Zip: PORT RICHEY, FL 34668

Title: VD () Delete
Name: PALADINE, ELINOR
Address: 8516 CESSNA DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: FAHY, MELISSA R
Address: 13406 WHITE WALNUT ST
City-St-Zip: HUDSON, FL 34669

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: CEO (X) Change () Addition
Name: FAHY, MELISSA R
Address: 13406 WHITE WALNUT ST
City-St-Zip: HUDSON, FL 34669

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: MELISSA R. FAHY

CEO

04/21/2009

Electronic Signature of Signing Officer or Director

Date