FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001867 (0)

1. Current Name
SAMARITAN SERVICES, INC.

Principal Place of Business	Mailing Address
2500 BLANDING BLVD MIDDLEBURG FL 32068	2500 BLANDING BLVD MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3272838 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21 1107 Middleburg Avenue	26 1107 Middleburg Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Green Cove Springs, FL	City & State 28 Green Cove Springs, FL
Zip 24 32043 — Country 25 USA	Zip 29 32043 — Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, GRADY H JR ~~1229 1414~~ KINGSLEY AVE, STE 117 ORNAGE PARK FL 32073-4594	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1279 Kingsley Avenue 83 Suite 117 84 City: Orange Park — FL — 85 Zip Code: 32073

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Grady H. Williams, Jr., Registered Agent — 4/26/95
(Type or Print Name of Registered Agent) (Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Check One)	
TITLE	D, VICE PRESIDENT + D	11 TITLE	D — ☐ Change ☑ Addition
NAME	BENTLEY, LEE	12 NAME	TERRY CROUTHAMEL
STREET ADDRESS	351 CROSSINGS BLVD #512	13 STREET ADDRESS	3630 SHINNECOCK
CITY ST ZIP	ORANGE PARK FL 32073	14 CITY ST ZIP	GREEN COVE SPRINGS, FLORIDA 32043
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GUSWILER, LEE W	22 NAME	
STREET ADDRESS	1785 PERRY ROAD	23 STREET ADDRESS	
CITY ST ZIP	GREEN COVE SPRINGS FL 32043	24 CITY ST ZIP	
TITLE	D	31 TITLE	D — ☑ Change ☐ Addition
NAME	JAVIER, AGRIPINO	32 NAME	MARY CULTER
STREET ADDRESS	407 NORTH STREET	33 STREET ADDRESS	7933 BAYMEADOWS
CITY ST ZIP	GREEN COVE SPRINGS FL 32043	34 CITY ST ZIP	JACKSONVILLE, FLORIDA 32216
TITLE	D	41 TITLE	D — ☑ Change ☐ Addition
NAME	LEWIS, DAN JR	42 NAME	BARBARA KICKMAN
STREET ADDRESS	2500 BLANDING BLVD	43 STREET ADDRESS	1837 Colonial Dr
CITY ST ZIP	GREEN COVE SPRINGS FL 32068	44 CITY ST ZIP	GREEN COVE SPRINGS FLORIDA 32043
TITLE	D, SECRETARY/TREASURER + D	51 TITLE	☐ Change ☐ Addition
NAME	KELLY, REBECCA L	52 NAME	
STREET ADDRESS	2142 LOCH RANE BLVD	53 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL 32073	54 CITY ST ZIP	
TITLE	PRESIDENT + D	61 TITLE	☐ Change ☐ Addition
NAME	MYERS, JACK C	62 NAME	
STREET ADDRESS	1491 WINDERMERE EAST #205	63 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK, FL 32073	64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to an attachment with an address.

SIGNATURE: John C Myers III — 4/27/95 — (904) 284-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President, JACK C. MYERS

000248B