

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005041

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** GOOD SAMARITAN HEALTH CENTERS, INC.

**Current Principal Place of Business:**

268 HERBERT ST.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

268 HERBERT ST  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

1835 U.S. HWY 1, SOUTH  
SUITE 119, PMB 325  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

268 HERBERT ST  
ST AUGUSTINE, FL 32084

**FEI Number:** 52-2125419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKER, LYNN R.N.  
809 CAPTAINS DR.  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

USINA-MORSE, CATALINA  
17 CORDOVA ST  
ST AUGUSTINE, FL 32084 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: CATALINA USINA-MORSE

04/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STAFFORD, REV RONALD  
Address: 650 CHRISTOPHER ST  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP  
Name: RODRIGUEZ-BOETTE, TARYN  
Address: 132 MOSES CREEK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: S  
Name: WEED, SUZANNE  
Address: 32 MULBERRY ST  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T  
Name: USINA-MORSE, CATALINA  
Address: 4351 PALM ST  
City-St-Zip: ST AUGUSTINE, FL 32084

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: CATALINA USINA-MORSE

T

04/02/2012

Electronic Signature of Signing Officer or Director

Date