

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000056603

FILED
Apr 20, 2005
Secretary of State

Entity Name: GOOD SAMARITAN PEDIATRICS INC.

Current Principal Place of Business:

85 NW 168 STREET
2B
N MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

85 NW 168 STREET
2B
N MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 65-0512031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELVA, GESNER
735 NE 162 STREET
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

DELVA, GESNER
6080 SW 180 TERR.
SOUTHWEST RANCHES, FL 33331 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: _____ 04/20/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELVA, GESNER
Address: 735 NE 162ND ST
City-St-Zip: N MIAMI BEHAC, FL

Title: VP () Delete
Name: DELVA, ROSE L RN B
Address: 735 NE 162 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELVA, GESNER
Address: 6080 SW 180 TERR.
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: VP (X) Change () Addition
Name: DELVA, ROSE L RN B
Address: 6080 SW 180 TERR.
City-St-Zip: SOUTHWEST, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GESNER DELVA, MD P 04/20/2005
Electronic Signature of Signing Officer or Director Date