

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000056603

FILED
Apr 24, 2008
Secretary of State

Entity Name: GOOD SAMARITAN PEDIATRICS INC.

Current Principal Place of Business:

16800 NW 2ND AVENUE
604
N MIAMI BEACH, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

16800 NW 2ND AVENUE
604
N MIAMI BEACH, 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
6080 SW 180 TERR.
SOUTHWEST RANCHES, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date