2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P96000043661

Entity Name: GOOD SAMARITAN CARE, INC.

Current Principal Place of Business:

735 NE 162ND ST
N MIAMI BEACH, FL 33162

New Principal Place of Business:

6080 SW 180 TERR.
SOUTHWEST RANCHES, FL 33331 US

Current Mailing Address:

735 NE 162ND ST
N MIAMI BEACH, FL 33162

New Mailing Address:

6080 SW 180 TERR.
SOUTHWEST RANCHES, FL 33331 US

FEI Number: 65-0666493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELVA, GESNER
735 NE 162ND ST
MIAMI, 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: GESNER DELVA 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: DELVA, ROSE L RN,BSN
Address: 735 NE 162ND ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VSD ( ) Delete
Name: DELVA, GESNER
Address: 735 NE 162ND ST
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 VSD 04/27/2005
Electronic Signature of Signing Officer or Director Date