## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

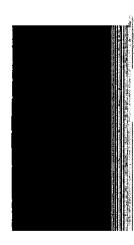
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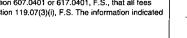
FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000052105  1. Corporation Name  GOOD SAMARITAN CARE CENTERS OF MT. DORA, INC.			OI NOV 26 PM 2: 45			
			TALLAH	TARY OF STAT ASSEET FLORI	ĎΑ	
Principal Place of Business  2725 ROBIE AVE  MT DORA FL 32757	Mailing Address P O BOX 1196 MT DORA FL 32756-119				^	ı
If above addresses are incorrect in any way, line thr	rough incorrect information a	and enter correction below.	ieins i a	TEMENT	$\mathbf{I}$	
New Principal Office Address, If Applicable		W 576 A 11 W A 11 11		d or Qualified	06/10/1007	Ì
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For		$\dashv$	
City & State	City & State			9-3464040	Not Applicable	•
Zip Country	Zip	Country	6. CERTIFICATE OF ST		3.75 Additional Fee require for a Certificate of Status	
7. Names and Street Addresses of Each Officer and	or Director (Florida nonpro	fit corporations must list at leas	at 3 directors)			
Title(s) Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		City / State / Zip		
D MARTIN, AURORA	2725 RC	2725 ROBIE AVE.		MT DORA FL 32757		
			9000	00 <b>4719</b> 004719 -12/12/010 *****750.00	9196 01012012 *****750.00	
						_
8. Name and Address of Current Registered Agent  MARTIN, AURORA  2725 ROBIE AVE.  MT. DORA FL 32757		Street Address (P. Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) 2725 POBLEME.			
Signature of Registered Agent  11. I certify that I am an officer or director or the receithis reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my signature in the reason for disson owed by the corporation have been paid and the ron this application is true and accurate, and my signature in the reason for disson owed by the corporation have been paid and the ron this application is true and accurate, and my signature in the reason for disson ower paid and the ron this application is true and accurate, and my signature in the reason for disson ower paid and the reason for disson	GISTERED AGENT MUST ver atrustee empowered to futtion has been eliminated, names of individuals listed o	amiliar with and accept the oblination as provided the corporate name satisfies the other or the corporate name satisfies the other of the	igations of Section 607  Da  Da  Da  Da  Da  Da  Da  Da  Da  D	or or 617, F.S. I furthe	401, F.S., that all fees	





SIGNATURE:

APP CATION

**TATEMENT**