2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052105

Entity Name: GOOD SAMARITAN CARE CENTERS OF MT. DORA, INC.

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2725 ROBIE AVE P O BOX 1196

MT DORA, FL 32757 MT DORA, FL 327561196 US

Current Mailing Address: New Mailing Address:

P O BOX 1196

MT DORA, FL 327561196 US

FEI Number: 59-3464040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

EVANGELISTA, CAESAR
2725 ROBIE AVENUE

MOUNT DORA, FL 32757 US

EVANGELISTA, CAESAR
2020 EDGEWATER DR.
MOUNT DORA, FL 32757 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: CAESAR EVANGELISTA 04/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name:MARTIN, AURORAName:EVANGELISTA, CAESARAddress:2725 ROBIE AVE.Address:2020 EDGEWATER DRCity-St-Zip:MT DORA, FL 32757City-St-Zip:MOUNT DORA, FL 32757 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: CAESAR EVANGELISTA D 04/19/2004