

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052105

FILED  
May 01, 2008  
Secretary of State

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

## Current Principal Place of Business:

2725 ROBIE AVE  
MT DORA, FL 32757 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1196  
MT DORA, FL 327561196 US

## New Mailing Address:

FEI Number: 59-3464040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANGELISTA, CAESAR  
2725 ROBIE AVE  
MOUNT DORA, FL 32757 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EVANGELISTA, CAESAR  
Address: P O BOX 1196  
City-St-Zip: MOUNT DORA, FL 32756 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
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Title: ( ) Delete  
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City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MARTIN, ARTEMIO  
Address: P O BOX 1196  
City-St-Zip: MOUNT DORA, FL 32756 US

Title: D ( ) Change (X) Addition  
Name: MARTIN, AURORA  
Address: P O BOX 1196  
City-St-Zip: MOUNT DORA, FL 32756 US

Title: D ( ) Change (X) Addition  
Name: BANAGO, LENY  
Address: P O BOX 1196  
City-St-Zip: MOUNT DORA, FL 32756 US

Title: D ( ) Change (X) Addition  
Name: BANAGO, DANILLO  
Address: P O BOX 1196  
City-St-Zip: MOUNT DORA, FL 32756 US

Title: D ( ) Change (X) Addition  
Name: MARTIN, ISABELITA  
Address: P O BOX 1196  
City-St-Zip: MOUNT DORA, FL 32756 US

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: CAESAR EVANGELISTA

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date