

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 24, 1999 8:00 am
Secretary of State
 08-24-1999 90012 041 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000002108

1. Corporation Name
 SUMMERVILLE HEALTHCARE GROUP, INC.

609155 - 90012 - 41



Principal Place of Business: 5285 SHAWNEE RD., STE. 401 ALEXANDRIA VA 22312-2328
 Mailing Address: 5285 SHAWNEE RD., STE. 401 ALEXANDRIA VA 22312-2328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1998

4. FEI Number: 54-1789198 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
 HIQ CORPORATE SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	RAGLAND, RUSSELL D	
STREET ADDRESS	5285 SHAWNEE RD., STE. 401	
CITY-ST-ZIP	ALEXANDRIA VA 22312-2328	
TITLE	DCS	<input type="checkbox"/> DELETE
NAME	HEIMBOLD, ARTHUR	
STREET ADDRESS	5285 SHAWNEE RD., STE. 401	
CITY-ST-ZIP	ALEXANDRIA VA 22312-2328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, ALAN M M.D.	
STREET ADDRESS	5285 SHAWNEE RD., STE. 401	
CITY-ST-ZIP	ALEXANDRIA VA 22312-2328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRUSHY, RICHARD M	
STREET ADDRESS	5285 SHAWNEE RD., STE. 401	
CITY-ST-ZIP	ALEXANDRIA VA 22312-2328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL D	
STREET ADDRESS	5285 SHAWNEE RD., STE. 401	
CITY-ST-ZIP	ALEXANDRIA VA 22312-2328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, HOWARD M M.D.	
STREET ADDRESS	5285 SHAWNEE RD., STE. 401	
CITY-ST-ZIP	ALEXANDRIA VA 22312-2328	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

7/28/99

(703) 813-2500

CR2E034 (5/99)