

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90273 041 \*\*\*550.00

**DOCUMENT # F98000002108**

**1. Entity Name**  
**SUMMERVILLE HEALTHCARE GROUP, INC.**

**Principal Place of Business**  
**3000 EXECUTIVE PARKWAY**  
**SUITE 530**  
**SAN RAMON CA 94583**

**Mailing Address**  
**3000 EXECUTIVE PARKWAY**  
**SUITE 530**  
**SAN RAMON CA 94583**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**54-1789198**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HIQ CORPORATE SERVICES, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **GARDNER, HOWARD M M.D.**  
**STREET ADDRESS** **5285 SHAWNEE RD., STE. 401**  
**CITY-ST-ZIP** **ALEXANDRIA VA 22312-2328**

**TITLE** **PICCO** ☐ Change ☒ Addition  
**NAME** **Granger Cobb**  
**STREET ADDRESS** **3000 Executive Pkwy, Ste 530**  
**CITY-ST-ZIP** **San Ramon, CA 94583**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Arthur Heimbold**  
**STREET ADDRESS** **3000 Executive Pkwy, Ste 530**  
**CITY-ST-ZIP** **San Ramon, CA 94583**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Shuart Koenig**  
**STREET ADDRESS** **1301 Avenue of the Americas, 38th floor**  
**CITY-ST-ZIP** **New York, NY 10019**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Bill Benjamin**  
**STREET ADDRESS** **1301 Avenue of the Americas, 38th floor**  
**CITY-ST-ZIP** **New York, NY 10019**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Bill Benjamin**  
**STREET ADDRESS** **1301 Avenue of the Americas, 38th floor**  
**CITY-ST-ZIP** **New York, NY 10019**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Richard Ackerman**  
**STREET ADDRESS** **1999 Avenue of the Stars, #1900**  
**CITY-ST-ZIP** **Los Angeles, CA 90067**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/30/01** **(953) 826-1999**  
 Date Daytime Phone #

CR2E034 (5/01)