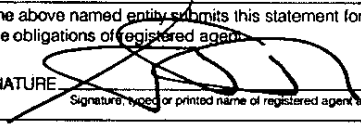
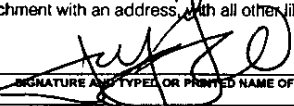


FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90067 031 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000159923			
1. Entity Name SUMMIT HEALTH PLAN, INC.			
Principal Place of Business 760 NW 107 AVE STE 400 MIAMI, FL 33172		Mailing Address 300 SOUTH PARK RD. HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 1340 Concord Terrace		3. Mailing Address 1340 Concord Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33323		Country	
4. FEI Number 20-1976986		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01112007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent COHEN, GERALD M 300 SOUTH PARK RD. HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1340 Concord Terrace City Sunrise FL Zip Code 33323	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable		Gerald M. Cohen (NOTE: Registered Agent signature required when reinstating) 2/21/07 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WYSS, THOMAS C 760 NW 107TH AVE MIAMI, FL 33172 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Buncher 1340 Concord Terrace Sunrise, FL 33323 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO STEWART, RANDAL J 760 NW RANDAL J MIAMI, FL 33172 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Driscoll 1340 Concord Terrace Sunrise, FL 33323 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOOHAN, JOHN M.D. 760 NW 107TH AVE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D John McGoochan, M.D. 1340 Concord Terrace Sunrise, FL 33323 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CFO, S Leonardo Garcia 1340 Concord Terrace Sunrise, FL 33323 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		John McGoochan, M.D., Pres. 2/21/07 800-422-7355 Date Daytime Phone #	