2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P04000159923

Entity Name: SUMMIT HEALTH PLAN, INC.

Current Principal Place of Business:

1340 CONCORD TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

6705 ROCKLEDGE
DRSUITE 900
BETHESDA, MD 20817 US

Current Mailing Address:

1340 CONCORD TERRACE
SUNRISE, FL 33323

New Mailing Address:

6705 ROCKLEDGE
DRSUITE 900
BETHESDA, MD 20817 US

FEI Number: 20-1976986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, GERALD M
1340 CONCORD TERRACE
SUNRISE, FL 33323 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUNCHER, JAMES
Address: 1340 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Delete
Name: DRISCOLL, JOSEPH
Address: 1340 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: PD ( ) Delete
Name: MCGOOHAN, JOHN M.D.
Address: 1340 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: SCFO ( ) Delete
Name: GARCIA, LEONARDO
Address: 1340 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Delete
Name: GARCIA, LEONARDO
Address: 1340 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCDONOUGH, THOMAS P
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: P (X) Change ( ) Addition
Name: CIANO, CHRISTOPHER A
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: CFO (X) Change ( ) Addition
Name: RUHLMANN, JOHN J
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: S (X) Change ( ) Addition
Name: SMITH, SHIRLEY R
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: D (X) Change ( ) Addition
Name: GUERIN, SHAWN M
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 US

Title: VP ( ) Change (X) Addition
Name: BROUSSARD, KARL J
Address: 6705 ROCKLEDGE, DRSUITE 900
City-St-Zip: BETHESDA, MD 20817 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: JOHN J. RUHLMANN CFO 04/28/2008

Electronic Signature of Signing Officer or Director Date