

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90141 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #K65510 1. Entity Name SUMMIT CLAIMS MANAGEMENT, INC.																																																																																																																																																											
Principal Place of Business 2310 A-Z PARK ROAD P O DRAWER 988 LAKELAND, FL 33802			Mailing Address 2310 A-Z PARK ROAD P O DRAWER 988 LAKELAND, FL 33802																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
Zip		Country		Zip																																																																																																																																																							
Country		4. FEI Number 59-2923618																																																																																																																																																									
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent HODGES, RICKY T 2310 A-Z PARK ROAD LAKELAND, FL 33801																																																																																																																																																											
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																											
SIGNATURE _____ DATE _____ (Signature, include printed name of registered agent and \$50 fee payable)																																																																																																																																																											
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>HODGES, RICKY T</td> <td></td> <td>NAME</td> <td>Thomas G. Moylan</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2310 A-Z PARK RD</td> <td></td> <td>STREET ADDRESS</td> <td>175 Berkeley Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33801</td> <td></td> <td>CITY-ST-ZIP</td> <td>Boston, MA 02117</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>V</td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>CLARKE, THOMAS L. JR.</td> <td></td> <td>NAME</td> <td>Gary J. Ostrow</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2310 A-Z PARK ROAD</td> <td></td> <td>STREET ADDRESS</td> <td>175 Berkeley Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td>Boston, MA 02117</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HANSELMAN, JOHN D</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2310 A-Z PARK ROAD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33801</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>O'HALLORAN, ROBERT J</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2310 A-Z PARK ROAD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33801</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>GISS, DEBORAH A</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>175 BERKELEY RD.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOSTON, MA 02117</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Addition	NAME	HODGES, RICKY T		NAME	Thomas G. Moylan		STREET ADDRESS	2310 A-Z PARK RD		STREET ADDRESS	175 Berkeley Road		CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Boston, MA 02117		TITLE	S	☐ Delete	TITLE	V	☐ Change ☒ Addition	NAME	CLARKE, THOMAS L. JR.		NAME	Gary J. Ostrow		STREET ADDRESS	2310 A-Z PARK ROAD		STREET ADDRESS	175 Berkeley Road		CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	Boston, MA 02117		TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	HANSELMAN, JOHN D		NAME			STREET ADDRESS	2310 A-Z PARK ROAD		STREET ADDRESS			CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP			TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	O'HALLORAN, ROBERT J		NAME			STREET ADDRESS	2310 A-Z PARK ROAD		STREET ADDRESS			CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP			TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	GISS, DEBORAH A		NAME			STREET ADDRESS	175 BERKELEY RD.		STREET ADDRESS			CITY-ST-ZIP	BOSTON, MA 02117		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																								
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Addition																																																																																																																																																						
NAME	HODGES, RICKY T		NAME	Thomas G. Moylan																																																																																																																																																							
STREET ADDRESS	2310 A-Z PARK RD		STREET ADDRESS	175 Berkeley Road																																																																																																																																																							
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Boston, MA 02117																																																																																																																																																							
TITLE	S	☐ Delete	TITLE	V	☐ Change ☒ Addition																																																																																																																																																						
NAME	CLARKE, THOMAS L. JR.		NAME	Gary J. Ostrow																																																																																																																																																							
STREET ADDRESS	2310 A-Z PARK ROAD		STREET ADDRESS	175 Berkeley Road																																																																																																																																																							
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	Boston, MA 02117																																																																																																																																																							
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME	HANSELMAN, JOHN D		NAME																																																																																																																																																								
STREET ADDRESS	2310 A-Z PARK ROAD		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP																																																																																																																																																								
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME	O'HALLORAN, ROBERT J		NAME																																																																																																																																																								
STREET ADDRESS	2310 A-Z PARK ROAD		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP																																																																																																																																																								
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME	GISS, DEBORAH A		NAME																																																																																																																																																								
STREET ADDRESS	175 BERKELEY RD.		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	BOSTON, MA 02117		CITY-ST-ZIP																																																																																																																																																								
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(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 proprietor or business 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 my address, with all other like empowered.																																																																																																																																																											
SIGNATURE: <u>Ricky T. Hodges</u> Ricky T. Hodges 4/28/03 863-665-6060																																																																																																																																																											

CR21C34 (10/02)