2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047865

Entity Name: SUMMIT HEALTHCARE CONSULTING, LLC

US

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

204 SHORE DR WEST CORP. CENTER ONE*2202 N. WESTSHORE BLVD OLDSMAR, FL 34677 US

SUITE 200

TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

COPR. CENTER ONE*2202 N. WESTSHORE BLVD PO BOX 1591 OLDSMAR, FL 34677

SUITE 200

TAMPA, FL 33607 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, LATRICIA WILLIAMS, LATRICIA

204 SHORE DR WEST CORP. CÉNTER ONE*2202 N. WESTSHORE BLVD

OLDSMAR, FL 34677 US SUITE 200 TAMPA, FL 33607 US

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: 04/29/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition

WILLIAMS, LATRICIA WILLIAMS, LATRICIA Name: Name: Address: 204 SHORE DR WEST Address: CORP.CENTER ONE*2202N.WESTSHORE BLVD*#200

City-St-Zip: OLDSMAR, FL 34677 US City-St-Zip: TAMPA, FL 33607 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LATRICIA WILLIAMS 04/29/2007