

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078447

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** SUMM-IT HEALTHCARE CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

1123 GALWAY BLVD.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1123 GALWAY BLVD.  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 20-0123151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GARCIA, CARLOS  
1123 GALWAY BLVD.  
APOPKA, FL 32703      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GARCIA, CARLOS  
Address: 1123 GALWAY BLVD.  
City-St-Zip: APOPKA, FL 32703

Title: MGRM  
Name: CHOW, JAMES  
Address: 1123 GALWAY BLVD.  
City-St-Zip: APOPKA, FL 32703

I hereby 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: CARLOS GARCIA

CIO

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date