


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90431 014 ***150.00

DOCUMENT # P00000016010

1. Entity Name
SUMMIT MEDICAL & SURGICAL SUPPLY, INC.



Principal Place of Business Mailing Address
609 VIRGINIA DR **609 VIRGINIA DR**
ORLANDO, FL 32803 **ORLANDO, FL 32803**

50018363



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03092006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3622315 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PENDERGRAFT, JAMES S IV 609 VIRGINIA DRIVE ORLANDO, FL 32803		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PSD PENDERGRAFT, JAMES S IV 609 VIRGINIA DR ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ Date _____ Daytime Phone # _____