

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059056

1. Entity Name
SUMMIT CARE II, INC.



Principal Place of Business
2851 REMINGTON GREEN CIR., STE. A
TALLAHASSEE, FL 32308

Mailing Address
2851 REMINGTON GREEN CIR., STE. A
TALLAHASSEE, FL 32308

FILED
05 APR 12 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3734290
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 S. CALHOUN ST.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MITCHELL, JOSEPH D
STREET ADDRESS 2851 REMINGTON GREEN CIR., STE. A
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE DS
NAME FARMER, C. GUY
STREET ADDRESS 2851 REMINGTON GREEN CIR., STE. A
CITY-ST-ZIP TALLAHASSEE, FL 32308

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500053929105
05/06/05--01002--009 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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: C. G. FARMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Levy 4/10/05 850-386-2522
Date Daytime Phone #