


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90072 015 \*\*\*150.00

<b>DOCUMENT # P02000069290</b>			
1. Entity Name <b>SUMMIT MEDICAL LITIGATION CONSULTING, INC.</b>			
Principal Place of Business <b>1128 GROVE STREET CLEARWATER FL 33755</b>		Mailing Address <b>1128 GROVE STREET CLEARWATER FL 33755</b>	
2. Principal Place of Business <b>1586 EL TAIR TRAIL</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>CLEARWATER, FL</b>		Suite, Apt. #, etc. <b>1586 EL TAIR TRAIL</b>	
City & State		City & State <b>Clearwater FL</b>	
Zip <b>33765</b>	Country <b>US</b>	Zip <b>33765</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent  <b>DECARLO, ANDRA J 1128 GROVE STREET CLEARWATER FL 33755</b>		7. Name and Address of New Registered Agent Name <b>Andra J. DeCarlo</b> Street Address (P.O. Box Number is Not Acceptable) <b>1586 EL TAIR TRAIL</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33765</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DECARLO, ANDRA J 1128 GROVE STREET CLEARWATER FL 33755</b> <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	<b>V ALEXANDER, CHRIS D 1128 GROVE STREET CLEARWATER FL 33755</b> <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 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:** Andra J. DeCarlo **Andra J. DeCarlo** 1/28/05 727-434-3408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #