## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114932

Entity Name: SUMMIT HEALTH CENTER, INC.

**FILED** Sep 02, 2005 Secretary of State

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

5533 SOUTH ORANGE AVE LONGWOOD, FL 32809

**Current Mailing Address: New Mailing Address:** 

963 MALDEN CT. LONGWOOD, FL 32750

FEI Number: 20-0316486 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

CUEVAS, BELINDA 963 MALDEN CT LONGWOOD, FL 32750 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: BELINDA CUEVAS 09/02/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete () Change () Addition

CUEVAS, BELINDA Name: Name: 963 MALDEN CT. Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELINDA CUEVAS **PSDT** 09/02/2005