2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P03000114932

Entity Name: SUMMIT HEALTH CENTER, INC.

Current Principal Place of Business:

5533 SOUTH ORANGE AVE
LONGWOOD, FL 32809

New Principal Place of Business:

5533 SOUTH ORANGE AVE
ORLANDO, FL 32809

Current Mailing Address:

963 MALDEN CT.
LONGWOOD, FL 32750

New Mailing Address:

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

Name and Address of Current Registered Agent:

CUEVAS, BELINDA
963 MALDEN CT
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: CUEVAS, BELINDA
Address: 963 MALDEN CT.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 PSTD 04/19/2006

Electronic Signature of Signing Officer or Director — Date