
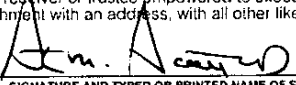


#150

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000159923					
1. Entity Name SUMMIT HEALTH PLAN, INC.					
Principal Place of Business 300 SOUTH PARK RD. HOLLYWOOD, FL 33021			Mailing Address 300 SOUTH PARK RD. HOLLYWOOD, FL 33021		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1976986	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COHEN, GERALD M 300 SOUTH PARK RD. HOLLYWOOD, FL 33021			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> Delete			
NAME	Ronald J. Berding				
STREET ADDRESS	300 South Park Rd				
CITY-ST-ZIP	Hollywood, FL 33021				
TITLE	DCOO	<input type="checkbox"/> Delete			
NAME	James M. Hogan				
STREET ADDRESS	300 South Park Rd				
CITY-ST-ZIP	Hollywood, FL 33021				
TITLE	DSTVP	<input type="checkbox"/> Delete			
NAME	Gerald M. Cohen				
STREET ADDRESS	300 South Park Rd				
CITY-ST-ZIP	Hollywood, FL 33021				
TITLE	D	<input type="checkbox"/> Delete			
NAME	Steven M. Scott, M.D.				
STREET ADDRESS	2828 Croasdaile Dr				
CITY-ST-ZIP	Durham, NC 27705				
TITLE	D	<input type="checkbox"/> Delete			
NAME	Thomas C. Wyss				
STREET ADDRESS	300 South Park Rd				
CITY-ST-ZIP	Hollywood, FL 33021				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 			Steven M. Scott, MD, Dir 01-20-05 919-425-1500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		