

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085446

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SUMM-IT HEALTHCARE CONSULTING SERVICES, INC

## Current Principal Place of Business:

4821 OLD OAK TREE CT  
ORLANDO, FL 32808

## New Principal Place of Business:

4821 OLD OAK TREE CT  
ORLANDO, FL 32808 US

## Current Mailing Address:

4821 OLD OAK TREE CT  
ORLANDO, FL 32808

## New Mailing Address:

4821 OLD OAK TREE CT  
ORLANDO, FL 32808 US

FEI Number: 20-0123151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, CARLOS  
4821 OLD OAK TREE CT  
ORLANDO, FL 32808 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: D ( ) Delete  
Name: BERRY, DANIEL  
Address: 717 ODUM RD  
City-St-Zip: GARDENDALE, AL 35071

Title: D ( ) Delete  
Name: GARCIA, CARLOS  
Address: 4821 OLD OAK TREE CT  
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Delete  
Name: CHOW, JAMES  
Address: 187 GREENFIELD AVE  
City-St-Zip: TORONTO, M2N3E2,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GARCIA, CARLOS  
Address: 4821 OLD OAK TREE CT  
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Change ( ) Addition  
Name: CHOW, JAMES  
Address: 187 GREENFIELD AVE  
City-St-Zip: TORONTO,, ON M2N3E2 CA

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

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS GARCIA

D

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date