## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000042394

Entity Name: SUMMER HEALTH CARE, INC

FILED Feb 23, 2012 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3750 W 16 SUITE 216 HIALEAH,	\$				
Current Mailing Address:			New Mailing Address:		
3750 W 16 SUITE 216 HIALEAH,	3				
FEI Number:	: 20-8764107	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:				New Registered Agent:	
AMALFI, L. 6368 NW MIAMI LAK	AURA 173 ST (ES, FL 33015	US			
	named entity su of Florida.	bmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Age	nt	Date	
OFFICER	S AND DIRECTO	DRS:			
Title: Name: Address: City-St-Zip:	P AMALFI, LAURA 6368 NW 173 ST MIAMI LAKES, FL	. 33015			
Title:	\/P				

Title: F

City-St-Zip:

Name: Address:

Name: AMALFI, LAURA Address: 1821 SW 140 PL City-St-Zip: MIAMI, FL 33175

CARRERAS, ROXANA A

320 W 57 ST HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: LAURA AMALFI P 02/23/2012