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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 12 1996 8:00 am  
Secretary of State

DOCUMENT # P95000005679 (2)

1. Corporation Name

SUMMIT HEALTHCARE HOLDINGS, INC.



Principal Place of Business

Mailing Address

2310 A-Z PARK ROAD  
LAKELAND FL 33802

2310 A-Z PARK ROAD  
LAKELAND FL 33802

3. Date Incorporated or Qualified  
01/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULL, WILLIAM  
2310 A-Z PARK ROAD  
LAKELAND FL 33802

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

2310 A-Z PARK ROAD  
LAKELAND FL 33802

1.2 TITLE

NAME

2310 A-Z PARK ROAD  
LAKELAND FL 33802

1.3 TITLE

NAME

2310 A-Z PARK ROAD  
LAKELAND FL 33802

1.4 TITLE

NAME

2310 A-Z PARK ROAD  
LAKELAND FL 33802

1.5 TITLE

NAME

2310 A-Z PARK ROAD  
LAKELAND FL 33802

1.6 TITLE

NAME

2310 A-Z PARK ROAD  
LAKELAND FL 33802

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

RUSSELL L. WALL

400001741124

-03/13/96--01037--010

\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William B. Bull

William B. Bull

2/23/96

(941) 665-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)