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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000005679 (2)

1. Corporation Name

SUMMIT HEALTHCARE HOLDINGS, INC.



Principal Place of Business

2310 A-Z PARK ROAD
LAKELAND FL 33802

Mailing Address

2310 A-Z PARK ROAD
LAKELAND FL 33801-6880

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

03/12/1996

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

APPLIED FOR 59-3369850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME BULL, WILLIAM
STREET ADDRESS 2310 A-Z PARK ROAD
CITY - ST - ZIP LAKELAND FL 33802

TITLE D ☐ DELETE
NAME WALL, RUSSELL L
STREET ADDRESS 2310 A-Z PARK ROAD
CITY - ST - ZIP LAKELAND FL 33802

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME William B. Bull
1.3 STREET ADDRESS 2310 A-Z Park Road
1.4 CITY - ST - ZIP Lakeland, FL 33801

2.1 TITLE T/D ☒ Change ☐ Addition
2.2 NAME Russell L. Wall
2.3 STREET ADDRESS 2310 A-Z Park Road
2.4 CITY - ST - ZIP Lakeland, FL 33801

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME Thomas L. Clarke, Jr.
3.3 STREET ADDRESS 2310 A-Z Park Road
3.4 CITY - ST - ZIP Lakeland, FL 33801

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Bull

1-31-97

941-665-6060

Date

Daytime Phone #

CP2E034 (9/96)