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Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90143 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005679

1. Entity Name
SUMMIT HEALTHCARE HOLDINGS, INC.

Principal Place of Business	Mailing Address
2310 A-Z PARK ROAD LAKELAND, FL 33802	PO BOX 988 LAKELAND, FL 33801

11030179

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3369850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HODGES, RICKY T 2310 A-Z PARK ROAD LAKELAND, FL 33802	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 _____ DATE

FILING FEE: $35.00
ANNUAL REPORT PROOF OF PUBLICATION FEE: $10.00
CERTIFIED COPY (OPTIONAL): $8.75
CERTIFICATE OF STATUS (OPTIONAL): $8.75
TOTAL: $52.50

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HODGES, RICKY T 2310 A-Z PARK ROAD LAKELAND, FL 33802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Thomas G. Moylan 175 Berkeley Road Boston, MA 02117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HANSELMAN, JOHN D 2310 A-Z PARK ROAD LAKELAND, FL 33802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Gary J. Ostrow 175 Berkeley Road Boston, MA 02117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLARKE, THOMAS L JR 2310 A-Z PARK ROAD LAKELAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS GISS, DEBORAH A 175 BERKELEY RD BOSTON, MA 02117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Ricky T. Hodges 4/28/03 863-665-6060

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #