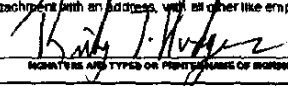


FILED
Apr 30, 2003 8:00 am
Secretary of State

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 2310 A-Z PARK ROAD LAKELAND, FL 33802		Mailing Address PO BOX 988 LAKELAND, FL 33801	
3. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3389850		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	
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-STATE-ZIP	PO HODGES, RICKY T 2310 A-Z PARK ROAD LAKELAND, FL 33802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Thomas G. Moylan 175 Berkeley Road Boston, MA 02117 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD HANSELMAN, JOHN D 2310 A-Z PARK ROAD LAKELAND, FL 33802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Gary J. Ostrow 175 Berkeley Road Boston, MA 02117 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S CLARKE, THOMAS L JR 2310 A-Z PARK ROAD LAKELAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS GISS, DEBORAH A 175 BERKELEY RD BOSTON, MA 02117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 registrant 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 BUSINESS OFFICER OR DIRECTOR		Date Daytime Phone #	

CR20034 (10/02)