

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000013250

1. Entity Name
SUMMIT CARE, INC.



FILED
CLERK OF STATE
DIVISION OF CORPORATION

06 MAR 15 AM 11:01

Principal Place of Business
2851 REMINGTON GREEN CIRCLE
SUITE D
TALLAHASSEE, FL 32308

Mailing Address
2851 REMINGTON GREEN CIRCLE
SUITE D
TALLAHASSEE, FL 32308



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3363040

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BITTMAN, MICHAEL J
301 E PINE ST.
STE 1400
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE SD
NAME FARMER, C. GUY
STREET ADDRESS 2851 REMINGTON GREEN CIRCLE, SUITE D
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE P
NAME MITCHELL, JOSEPH D
STREET ADDRESS 2851 REMINGTON GREEN CIRCLE, SUITE D
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

200068557932
03/24/06--01004--012 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

C.G. Farmer, Sec
C.G. FARMER, SEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/06
Date

850-386-2522
Daytime Phone #