2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050042

Entity Name: HERITAGE SUMMIT HEALTHCARE, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2310 COMMERCE POINT DR. LAKELAND, FL 33801							
Current Mailing Address:				New Mailing Address:			
P.O. BOX 988 LAKELAND, FL 338020988				175 BERKELEY ST BOSTON, MA 02117			
FEI Number:	59-3385208	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certifica	ate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US							
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.							
SIGNATURE:							
	Electronic	Signature of Registered Agent	t				Date
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ()E HODGES, RICKY 2310 COMMERC LAKELAND, FL	E POINT DR.		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	TD () CONWAY, DAVID 2310 COMMERC LAKELAND, FL	E POINT DR.		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	VPD () E O'HALLORAN, RO 2310 COMMERC LAKELAND, FL	E POINT DR.		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	S () E JALOVEC, MICH 2310 COMMERC LAKELAND, FL	AEL T E POINT DR.		Title: Name: Address: City-St-Zip:	S LEGG, DEX 175 BERKE BOSTON, M	LEY ST	() Addition
Title: Name: Address: City-St-Zip:	VP () E OSTROW, GARY 175 BERKELEY BOSTON, MA 02	STREET		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	ASEC () E KENEALY, EDMU 175 BERKELEY BOSTON, MA 02	ST		Title: Name: Address: City-St-Zip:	ASEC CIOTTI, KRI 175 BERKEI BOSTON, M	LEY ST	() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN K. CIOTTI ASEC 04/27/2009