

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050042

FILED
Jun 15, 2011
Secretary of State

Entity Name: HERITAGE SUMMIT HEALTHCARE, INC.

Current Principal Place of Business:

2310 COMMERCE POINT DR.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

175 BERKELEY ST
BOSTON, MA 02117

New Mailing Address:

FEI Number: 59-3385208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SIPE, CAROL P
Address: 2310 COMMERCE POINT DR.
City-St-Zip: LAKELAND, FL 33801

Title: TD
Name: CONWAY, DAVID J
Address: 2310 COMMERCE POINT DR.
City-St-Zip: LAKELAND, FL 33801

Title: VPD
Name: O'HALLORAN, ROBERT J
Address: 2310 COMMERCE POINT DR.
City-St-Zip: LAKELAND, FL 33801

Title: S
Name: LEGG, DEXTER R
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02117

Title: VP
Name: OSTROW, GARY J
Address: 175 BERKELEY STREET
City-St-Zip: BOSTON, MA 02117

Title: ASEC
Name: CIOTTI, KRISTIN K
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02117

I hereby 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 all other like empowered.

SIGNATURE: KRISTIN K. CIOTTI

ASEC

06/15/2011

Electronic Signature of Signing Officer or Director

Date