2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000011977 Feb 08, 2000 8:00 am **Secretary of State** SUMMIT NURSING SERVICES, INC. 02-08-2000 90171 011 ***150.00 Principal Place of Business Mailing Address P.O. BOX 490303 441 S. STATE RD 7 FT. LAUDERDALE FL 33349-0303 MARGATE FL 33063 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0725285 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7...Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name KELLY, MELVA is Not Acceptable) Street Address_(P.O **441 S. STATE RD 7** SUITE 19-B MARGATE FL 33063 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State_ (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Defete TITLE KELLY, MELVA NAME NAME 441 S. STATE RD 7, SUITE 19-B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.