

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011977

1. Entity Name

SUMMIT NURSING SERVICES, INC.

Principal Place of Business

441 S. STATE RD 7
19-B
MARGATE FL 33063

Mailing Address

P.O. BOX 490303
FT. LAUDERDALE FL 33349

2. Principal Place of Business

3. Mailing Address

441 S. State Rd 7

P.O. Box 490303

Suite, Apt. #, etc.

19B

Suite, Apt. #, etc.

FT. Lauderdale

City & State

Margate FL

City & State

FL

Zip

333068

Country

U.S.A.

Zip

33349

Country

USA

4. FEI Number

65-0725285

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

KELLY, MELVA
441 S. STATE RD 7
SUITE 19-B
MARGATE FL 33063

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME KELLY, MELVA
STREET ADDRESS 441 S. STATE RD 7, SUITE 19-B
CITY-ST-ZIP MARGATE FL 33063

Delete

TITLE President
NAME melva kelly
STREET ADDRESS 441 S. State Rd 7, Suite 19B.
CITY-ST-ZIP Margate, FL 33068

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Vice President
NAME Banville Barrett
STREET ADDRESS 441 S. State Rd 7, Suite 19B.
CITY-ST-ZIP Margate, FL 33068

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Secretary/Treasurer
NAME Richard Thewell
STREET ADDRESS 441 S. State Rd 7, Suite 19B
CITY-ST-ZIP Margate, FL 33068

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

SIGNATURE: *Melva Kelly, melvake Kelly, President. 954-984-PP05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0527187