


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90098 015 \*\*\*158.75

<b>DOCUMENT # P97000011977</b> 1. Entity Name SUMMIT NURSING SERVICES, INC.																																																																																																																																																					
Principal Place of Business 541 S. SR 7 3 MARGATE, FL 33068			Mailing Address P.O. BOX 936171 POMPANO BEACH, FL 33093-6171																																																																																																																																																		
2. Principal Place of Business 541 S. State Rd 7 Suite, Apt. #, etc. 3		3. Mailing Address P.O. Box 936171 Suite, Apt. #, etc. Suite 3 Pompano Beach																																																																																																																																																			
City & State Margate, FL		City & State Pompano Beach, FL		4. FEI Number 04042005 Chg-P CR2E034 (10/03) 65-0725285																																																																																																																																																	
Zip FL Country U.S.A.		Zip 33068 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent KELLY, MELVA 441 S. STATE RD 7 SUITE 19-B MARGATE, FL 33063			7. Name and Address of New Registered Agent Name Melva Barrett Street Address (P.O. Box Number is Not Acceptable) 541 S. State Rd 7, Suite 3 City Margate FL Zip Code 33068																																																																																																																																																		
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 <u>Melva Barrett</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/4/05</u>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>President</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BARRETT, BANVILLE</td> <td></td> <td>NAME</td> <td>Barrett, Melva</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>441 S. STATE RD 7 SUITE 19B</td> <td></td> <td>STREET ADDRESS</td> <td>541 S. State Rd 7, Suite 3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARGATE, FL 33068</td> <td></td> <td>CITY-ST-ZIP</td> <td>Margate, FL 33068</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Vice President</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>THELWELL, RICHARD</td> <td></td> <td>NAME</td> <td>Banville Barrett</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>441 S. STATE RD 7, SUITE 19</td> <td></td> <td>STREET ADDRESS</td> <td>541 S. State Rd 7, Suite 3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARGATE, FL 33068</td> <td></td> <td>CITY-ST-ZIP</td> <td>Margate, FL 33068</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Secretary/Treasurer</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>Richard Thelwell</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>541 S. State Rd 7, Suite 3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>Margate, FL 33068</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BARRETT, BANVILLE		NAME	Barrett, Melva		STREET ADDRESS	441 S. STATE RD 7 SUITE 19B		STREET ADDRESS	541 S. State Rd 7, Suite 3		CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP	Margate, FL 33068		TITLE	ST	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	THELWELL, RICHARD		NAME	Banville Barrett		STREET ADDRESS	441 S. STATE RD 7, SUITE 19		STREET ADDRESS	541 S. State Rd 7, Suite 3		CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP	Margate, FL 33068		TITLE		<input type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME	Richard Thelwell		STREET ADDRESS			STREET ADDRESS	541 S. State Rd 7, Suite 3		CITY-ST-ZIP			CITY-ST-ZIP	Margate, FL 33068		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																					
SIGNATURE: <u>Melva Barrett</u> President DATE <u>4/4/05</u> 954-984-8805 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					