2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000011977

1. Entity Name
SUMMIT NURSING SERVICES, INC.

Principal Place of Business	Mailing Address
541 S. STATE ROAD 7 3 MARGATE, FL 33068	P.O. BOX 936171 POMPANO BEACH, FL 33093-6171

03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

BARRETT, MELVA
541 S STATE ROAD 7
SUITE 3
MARGATE, FL 33068

DO NOT WRITE IN THIS SPACE

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: Melva Barrett 3/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARRETT, MELVA
STREET ADDRESS	541 S SR. 7, STE. 3
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	VP
NAME	BARRETT, BANVILLE
STREET ADDRESS	541 S SR 7 STE 3
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	ST
NAME	THELWELL, RICHARD
STREET ADDRESS	541 S SR 7 STE 3
CITY ST ZIP	MARGATE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000495215
04/21/06-80001-012 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Melva Barrett 3/28/06 954-984-8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #