

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011977

FILED
Mar 14, 2011
Secretary of State

Entity Name: SUMMIT NURSING SERVICES, INC.

Current Principal Place of Business:

1507 N. STAFE RD. 7
SUITE H
MARGATE, FL 33063

New Principal Place of Business:

5100 WEST COPANS RD
SUITE 810
MARGATE, FL 33063

Current Mailing Address:

P.O. BOX 936171
COCONUT CREEK, FL 33093

New Mailing Address:

FEI Number: 65-0725285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, MELVA
1507 N. STATE RD 7
SUITE H
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

BARRETT, MELVA
5100 WEST COPANS RD
SUITE 810
MARGATE, FL 33063 US

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: MELVA BARRETT

03/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BARRETT, MELVA
Address: 5100 WEST COPANS RD, SUITE 810
City-St-Zip: MARGATE, FL 33063

Title: VP
Name: BARRETT, BANVILLE
Address: 5100 WEST COPANS RD, SUITE 810
City-St-Zip: MARGATE, FL 33063

Title: ST
Name: THELWELL, RICHARD
Address: 5100 WEST COPANS RD, SUITE 810
City-St-Zip: MARGATE, FL 33063

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: MELVA BARRETT

PRES

03/14/2011

Electronic Signature of Signing Officer or Director

Date