

P97000011977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

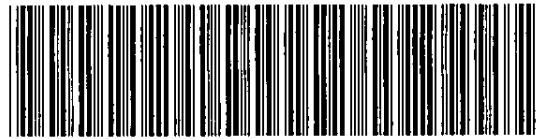
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400235047034

400235047034
05/15/12--01009--027 **35.00

RD chg

FILED
12 MAY 15 PM 12:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 22 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summit Nursing Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P 97000 011977

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melva Barrett
Name of Contact Person

Summit Nursing Services, Inc.
Firm/Company

5100 W. Cypress Rd. Suite 410
Address

Margate, Fl. 33063
City/State and Zip Code

adminstrator@summitnursing.flm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melva Barrett at (954) 984-8805
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Summit Nursing Services, Inc.
2. The principal office address: 5100 W. Copans Rd. Suite 410
Margate, Fl. 33063
3. The mailing address (if different): P.O. Box 936171
Coconut Creek, Fl. 33093-6171
4. Date of incorporation/qualification: 2/3/1997 Document number: P97000011977
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Melva Barrett

5100 W. Copans Rd. Suite 410
Margate, Fl. 33063

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Melva Barrett

5100 W. Copans Rd. Suite 410
P.O. Box NOT acceptable

Margate, Fl. 33063

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

M Barrett
Signature of an officer or director

Melva Barrett, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

M Barrett
Signature of Registered Agent

5/10/12
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***