FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 21 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S29166 (3)

1. Corporation Name
SUMMIT MEDICAL, INC.

Principal Place of Business
973 VIRGINIA AVENUE
~~SUITE B-2~~
PALM HARBOR FL 34683

Mailing Address
~~973 VIRGINIA AVENUE~~
~~SUITE B-2~~
~~PALM HARBOR FL 34683~~

3. Date Incorporated or Qualified: 02/01/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3049400 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
8. [illegible] Florida Statutes — Yes / No

2. Principal Place of Business	2a. Mailing Address
21 973 Virginia Avenue	26 P. O. Box 2302
Suite, Apt. #, etc. 22 Suite 6	Suite, Apt. #, etc. 27
City & State 23 Palm Harbor, FL	City & State 28 Palm Harbor, FL
Zip 24 34683 Country 25 USA	Zip 29 34682-2302 Country 30 USA

9. Name and Address of Current Registered Agent

CORNISH, JOHN
~~973 VIRGINIA AVENUE~~
~~SUITE 6~~
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: John B. Cornish
82 Street Address (P.O. Box Number Is Not Acceptable): 612 Florida Avenue
83
84 City: Palm Harbor, FL 85 Zip Code: 34683

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TURTZO, CRAIG	1.2 NAME	
STREET ADDRESS	31105 U.S. 19 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	President & Director ☐ Change ☐ Addition
NAME	CORNISH, JOHN	2.2 NAME	Cornish, John B
STREET ADDRESS	~~973 VIRGINIA AVENUE~~	2.3 STREET ADDRESS	612 Florida Avenue
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	~~D~~	3.1 TITLE	☒ Change ☐ Addition
NAME	~~LAMB, PAT~~	3.2 NAME	Please remove this Director's name
STREET ADDRESS	~~900 VIRGINIA AVENUE, STE 6~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~PALM HARBOR FL~~	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CORNISH, MARGARET	4.2 NAME	
STREET ADDRESS	1316 BELCHER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John B. Cornish, President 3/15/95 813/787-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP