


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S29166 (3)			
1. Corporation Name SUMMIT MEDICAL, INC.			
Principal Place of Business 612 FLORIDA AVE PALM HARBOR FL 34683 US		Mailing Address P.O. BOX 2302 SUITE 02 PALM HARBOR FL 34682-2302 US	
2. Principal Place of Business 21 612 Florida Avenue Suite, Apt. #, etc. 22 City & State 23 Palm Harbor, FL Zip Country 24 34683 25 US		2a. Mailing Address 26 P.O. Box 2302 Suite, Apt. #, etc. 27 City & State 28 Palm Harbor, FL Zip Country 29 34682-2302 30 US	
9. Name and Address of Current Registered Agent CORNISH, JOHN B 612 FLORIDA AVENUE SUITE 0 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 <i>John B. Cornish</i> John B. Cornish, President April 30, 1997 (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE NAME TURTZO, CRAIG STREET ADDRESS 31105 U.S. 10 NORTH CITY-ST-ZIP PALM HARBOR FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> DELETE NAME CORNISH, JOHN B STREET ADDRESS 612 FLORIDA AVENUE CITY-ST-ZIP PALM HARBOR FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME CORNISH, MARGARET STREET ADDRESS 1316 BELCHER DRIVE CITY-ST-ZIP TARPON SPRINGS FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 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: <i>John B. Cornish</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/97 813/787-0199 Date Daytime Phone #	



CR2E034 (9/96)