


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90029 024 ***150.00

DOCUMENT # P00000024809

1. Entity Name
PINNACLE HEALTH GROUP, P.A.



Principal Place of Business Mailing Address

**2605 W. SWANN AVE.
 SUITE 100
 TAMPA, FL 33609** **502 N ARMENIA AVE
 TAMPA, FL 33609**


2. Principal Place of Business - No P.O. Box # Mailing Address

Suite, Apt. #, etc. **Koehler & Company, P.A.**

City & State **401 North Howard Avenue**

Zip Country **Tampa, FL 33606**

4210000



04262007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3651979 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOEHLER, KEITH W
 502 NORTH ARMENIA AVENUE
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent

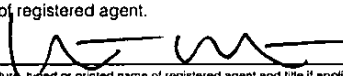
Name **KEITH W KOEHLER CPA**

Street **Koehler & Company, P.A.**

City **401 North Howard Avenue**

Zip Code **Tampa, FL 33606**

8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.

SIGNATURE  DATE **4/25/07**

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

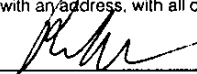
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIASTI, SAM M.D.	NAME	
STREET ADDRESS	2605 W. SWANN AVE. SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **4/30/07** DAYTIME PHONE # **813 258-6996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR