

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000085765

Entity Name: PINNACLE HEALTH CENTERS LLC

Current Principal Place of Business:

815 SE 1ST AVE
HALLANDALE BEACH, FL 33009

Current Mailing Address:

PO BOX 6455
WEST PALM BEACH, FL 33405

FEI Number: 45-5600149

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDER, MARK
815 SE 1ST AVE
HALLANDALE BEACH, FL 33009 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BENDER, MARK
Address PO BOX 6455
City-State-Zip: WEST PALM BEACH FL 33405

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL FOSS

MANAGER

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date