

**2018 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:**

GRAND, JON  
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:** JON GRAND

05/01/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GRAND, JON  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JON GRAND

MANAGER

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date