

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000094821

Entity Name: PINNACLE REHAB STAFFING, LLC

Current Principal Place of Business:

1601 LONG STREET
CLEARWATER, FL 33755

Current Mailing Address:

POST OFFICE BOX 8317
CLEARWATER, FL 33758

FEI Number: 90-0523906

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DONNELLY, DEIRDRE K
1601 LONG STREET
CLEARWATER, FL 33755 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 DONNELLY, DEIRDRE
Address 1601 LONG STREET
City-State-Zip: CLEARWATER FL 33755

Title MGR
Name CARRA, EMILY
Address 200 BLAKESLEE STREET, APT. 221
City-State-Zip: BRISTOL CT 06010

Title DIRECTOR OF FINANCE
Name DONNELLY, DOROTHY
Address 628 JOHNSON AVE.
City-State-Zip: MERIDEN CT 06451

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: DEIRDRE DONNELLY

**OWNER/EXECUTIVE
DIRECTOR**

05/31/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date