

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000094821

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC9659413449**

**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 MGR  
Name AMES, RENEE  
Address 32304 DELAIRE LANDING ROAD  
City-State-Zip: PHILADELPHIA PA 19114

*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 K DONNELLY

**MANAGING MEMBER /  
OWNER / PRESIDENT**

**02/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

Date