

2015 FLORIDA LIMITED LIABILITY COMPANY 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: No

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	Title	MGR
Name	DONNELLY, DEIRDRE	Name	CARRA, EMILY
Address	1601 LONG STREET	Address	200 BLAKESLEE STREET, APT. 221
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	BRISTOL CT 06010

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

**MANAGING MEMBER /
OWNER**

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date