

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090864

FILED
Mar 10, 2011
Secretary of State

Entity Name: PINNACLE ALLIANCE HOME HEALTH CARE, LLC

Current Principal Place of Business:

9889 GATE PKWY., STE. 301
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

9889 GATE PARKWAY NORTH
SUITE 301
JACKSONVILLE, FL 32246 US

Current Mailing Address:

9889 GATE PKWY., STE. 301
JACKSONVILLE, FL 32246 US

New Mailing Address:

9889 GATE PARKWAY NORTH
SUITE 301
JACKSONVILLE, FL 32246 US

FEI Number: 27-3373871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GANDEK-CORBO, JEAN M
14502 TRANQUILITY CREEK DRIVE
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

GANDEK-CORBO, JEAN M
9889 GATE PARKWAY NORTH
SUITE 301
JACKSONVILLE, FL 32246 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:

03/10/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GANDEK-CORBO, JEAN M
Address: 9889 GATE PARKWAY NORTH, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM
Name: CORBO, PAUL E
Address: 9889 GATE PARKWAY NORTH, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby certify that the information indicated on this 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.

SIGNATURE: JEAN M. GANDEK-CORBO

MGRM

03/10/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date