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* Corrected *

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PINNACLE HEALTH GROUP, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

06 JAN 24 AM 8:32

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January 24, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUMAKER, LOOP & KENDRICK, LLP

SUBJECT: PINNACLE HEALTH GROUP, L.L.C.
REF: W06000003357

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H06000019500
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06 JAN 24 PM 4:55
DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Pinnacle Health Group, L.L.C. (Name of Foreign Limited Liability Company)

2. Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 58-2135788 (FEI number, if applicable)

4. 10/24/1994 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration. (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5887 Glenridge Drive, Suite 200 Atlanta, GA 30328 (Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here [X]

9. The name and usual business addresses of the managing members or managers are as follows: John R. Couvillon, 5887 Glenridge Dr., Suite 200, Atlanta, GA 30328 Michael P. Broxterman, 5887 Glenridge Dr., Suite 200, Atlanta, GA 30328

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Physician Recruiting

Signature of a member or an authorized representative of a member. (In accordance with section 608.403(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) John R. Couvillon Typed or printed name of signer

FILED 06 JAN 24 AM 8:32 TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Pinnacle Health Group, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Ernest J. Marquart, Esq.

(Name)

101 E. Kennedy Blvd., Suite 2800

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tampa

FL 33602

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Ernest J. Marquart
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : KS01044
DATE INC/AUTH/FILED: 10/24/1994
JURISDICTION : GEORGIA
PRINT DATE : 01/19/2006
FORM NUMBER : 211

PINNACLE HEALTH GROUP
PATRICIA MCHENRY
5887 GLENRIDGE DRIVE, NE
SUITE 200
ATLANTA, GA 30328

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

PINNACLE HEALTH GROUP, I.L.C.
A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20060119190215461



Cathy Cox
Secretary of State