

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000394

FILED
Jan 15, 2008
Secretary of State

Entity Name: PINNACLE HEALTH GROUP, L.L.C.

Current Principal Place of Business:

5887 GLENRIDGE DRIVE, SUITE 200
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

5887 GLENRIDGE DRIVE, SUITE 200
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 58-2135768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUART, ERNEST J ESQ.
101 E. KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COUVILLON, JOHN R
Address: 5887 GLENRIDGE DRIVE, SUITE 200
City-St-Zip: ATLANTA, GA 30328

Title: MGR () Delete
Name: BROXTERMAN, MICHAEL P
Address: 5887 GLENRIDGE DRIVE, SUITE 200
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN COUVILLON

MGR

01/15/2008

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