

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000394

FILED  
Mar 25, 2010  
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  
Name: COUVILLON, JOHN R  
Address: 5887 GLENRIDGE DRIVE, SUITE 200  
City-St-Zip: ATLANTA, GA 30328

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

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: MICHAEL B\ P. BROXTERMAN

COO

03/25/2010

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