

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000024809

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** PINNACLE HEALTH GROUP, P.A.

**Current Principal Place of Business:**

2605 W. SWANN AVE.  
SUITE 100  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

KOEHLER & COMPANY, P.A.  
401 NORTH HOWARD AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

PO BOX 18344  
TAMPA, FL 33679

**FEI Number:** 59-3651979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOEHLER, KEITH W  
401 NORTH HOWARD AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

DIASTI, SAM  
901 S. GOLFVIEW ST  
TAMPA, FL 33629 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: SAM DIASTI

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DIASTI, SAM M.D.  
Address: 2605 W. SWANN AVE. SUITE 100  
City-St-Zip: TAMPA, FL 33609

Title: SD  
Name: DIASTI, RIHAM  
Address: 901 S. GOLFVIEW  
City-St-Zip: TAMPA, FL 33629

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RIHAM DIASTI

SD

02/21/2011

Electronic Signature of Signing Officer or Director

Date