

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068800

FILED
Apr 17, 2006
Secretary of State

Entity Name: PINNACLE HOLDING COMPANY OF MANATEE COUNTY, P.A.

Current Principal Place of Business:

4110 MANATEE AVE W
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

4110 MANATEE AVE W
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 20-0095734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINLAN, JOHN V ESQ
601 12TH ST W
BRADENTON, FL 34205 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KALLINS, MARC S MD
Address: 4110 MANATEE AVE W
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: PELHAM, STEPHEN G MD
Address: 3909 E BAY DR #100
City-St-Zip: HOLMES BEACH, FL 34217

Title: D (X) Delete
Name: BLACKWOOD, ROBERT E MD
Address: 2010 59TH ST #2600
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: ALEXANDER, JACK MD
Address: 2010 59TH ST W #5500
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARC S KALLINS MD

D

04/17/2006

Electronic Signature of Signing Officer or Director

Date