

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068800

FILED  
Feb 17, 2011  
Secretary of State

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

**Current Principal Place of Business:**

315 75TH STREET WEST  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

315 75TH STREET WEST  
BRADENTON, FL 34209

**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:**

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 US

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

BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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: CLIFFORD L WALTERS

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOYER, KEVIN MD  
Address: 7005 CORTEZ ROAD WEST  
City-St-Zip: BRADENTON, FL 34210 US

Title: VD  
Name: KALLINS, MARC S MD  
Address: 4110 MANATEE AVE W  
City-St-Zip: BRADENTON, FL 34205 US

Title: TD  
Name: CRAGER, KENNETH MD  
Address: 315 75TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209 US

Title: VD  
Name: CLULOW, SCOTT DO  
Address: 7005 CORTEZ ROAD W  
City-St-Zip: BRADENTON, FL 34210 US

Title: VD  
Name: RODRIGUEZ, CARLOS MD  
Address: 315 75TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209 US

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: KEVIN BOYER, M.D.

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date