2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# P05000101760

Entity Name: PINNACLE HOME CARE OF PINELLAS, INC.

Current Principal Place of Business:

1825 ALT 19 S SUITE 103
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1825 ALT 19 S SUITE 103
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 20-3277979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORTHINGTON, PAUL M
18701 GOLDEN HAWK CT
HUDSON, FL 34667 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: MCELVEEN, MARGARET C
Address: 621 HOUSE WREN CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: WORTHINGTON, PAUL M
Address: 18701 GOLDEN HAWK CT
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: WORTHINGTON, VIVIENNE D
Address: 18701 GOLDEN HAWK CT
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: PAGE, RACHAEL L
Address: 8853 KILMER WAY
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: DONALDSON, SHANE
Address: 8853 KILMER WAY
City-St-Zip: HUDSON, FL 34667

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: D (X) Change ( ) Addition
Name: PAGE, RACHAEL L
Address: 4556 GRAND LAKESIDE DR
City-St-Zip: PALM HARBOR, FL 34684

Title: D (X) Change ( ) Addition
Name: DONALDSON, SHANE
Address: 4556 GRAND LAKESIDE DR
City-St-Zip: PALM HARBOR, FL 34684

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 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: PAUL WORTHINGTON D 03/28/2009

Electronic Signature of Signing Officer or Director — Date