FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000023406 (8)**

1. Corporation Name

PINNACLE MEDICAL, INC.

Principal Place of Business	Mailing Address
~~1975 E. SUNRISE BLVD.~~ ~~SUITE 802~~ ~~FT. LAUDERDALE FL 33304~~	~~1975 E. SUNRISE BLVD.~~ ~~SUITE 802~~ ~~FT. LAUDERDALE FL 33304~~

2. Principal Place of Business	2a. Mailing Address
21 855 E. Commercial Blvd.	26 855 E. Commercial Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Oakland Park, FL	28 City & State: Oakland Park, FL
24 Zip: 33334 · 25 Country: BROWARD	29 Zip: 33334 · 30 Country: BROWARD

3. Date Incorporated or Qualified: **03/23/1995**
3a. Date of Last Report:
4. FEI Number: 65-0566110 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MANES, MICHAEL B ESQ.
644 S.E. 5TH AVENUE
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of new registered agent and title if applicable ______ DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS

TITLE	**PD**	☐ DELETE
NAME	**DAVIS, SAMUEL J III**	
STREET ADDRESS	**2850 S.W. 4TH ST.**	
CITY-ST-ZIP	**BOYNTON BEACH FL 33435**	
TITLE	**VD**	☐ DELETE
NAME	**CONAWAY, MICHAEL W**	
STREET ADDRESS	**4002 146TH AVE. S.E.**	
CITY-ST-ZIP	**BELLEVUE WA 98006**	
TITLE	**STD**	☐ DELETE
NAME	**DAVIS, SUSAN M**	
STREET ADDRESS	**2850 S.W. 4TH ST.**	
CITY-ST-ZIP	**BOYNTON BEACH FL 33435**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Samuel Jay Davis III 2-8-96 954 938-7938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #