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FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000023406 (8)

1. Corporation Name

PINNACLE MEDICAL, INC.



Principal Place of Business

855 E. COMMERCIAL BLVD.  
SUITE 802  
OAKLAND PARK FL 33334  
US

Mailing Address

2850 SW 4TH ST  
~~SUITE 802~~  
BOYNTON BCH FL 33435  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2850 S.W. 4th Street

Suite, Apt. #, etc.

22 City & State

23 Boynton Beach FL

24 Zip 33435

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 NONE

28 City & State

29 Zip

Country

30

31

32

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 registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 11064 DOVERHILL RD  
CITY-ST-ZIP SAN DIEGO CA

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J Davis III - President 4-7-98 (41) 731-4495

CP2E034 (10/97)