

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 12, 2001 08:00 AM****Secretary of State****DOCUMENT # P95000023406**1. Entity Name
PINNACLE MEDICAL, INC.

Principal Place of Business

2850 S.W. 4TH STREET

BOYNTON BEACH

33435

FL

US

Mailing Address

2850 S.W. 4TH STREET

BOYNTON BEACH

33435

FL

US

2. Principal Place of Business

5949 E. COLONIAL DR.

3. Mailing Address

P.O. BOX 574272

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32807

Country

US

Zip

328574272

Country

US

4. FEI Number

65-0566110

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANES MICHAEL BESQ.
644 S.E. 5TH AVENUE

FT. LAUDERDALE

33301

FL

US

7. Name and Address of New Registered Agent

Name

DAVIS SAMUEL JIII

Street Address (P.O. Box Number is Not Acceptable)

5949 E. COLONIAL DR.

City

ORLANDO

FL

Zip Code

32807

8. 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 **SAMUEL JAY DAVIS III**

06/12/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME DAVIS SUSAN M
STREET ADDRESS 2850 S.W. 4TH ST.
CITY-ST-ZIP BOYNTON BEACH FL 33435TITLE PD ☐ Delete
NAME DAVIS SAMUEL JIII
STREET ADDRESS 2850 S.W. 4TH ST.
CITY-ST-ZIP BOYNTON BEACH FL 33435TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD ☒ Change ☐ Addition
NAME DAVIS SUSAN M
STREET ADDRESS 5949 E. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL 32807TITLE PD ☒ Change ☐ Addition
NAME DAVIS SAMUEL JIII
STREET ADDRESS 5949 E. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL 32807TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Samuel Jay Davis III**

PD

06/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)