2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P95000023406

Entity Name: PINNACLE MEDICAL, INC.

Current Principal Place of Business:

1417 N. SEMORAN BLVD. STE. 102
ORLANDO, FL 32807 US

New Principal Place of Business:

1134 PHEASANT CIRCL
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

P.O. BOX 574272
ORLANDO, FL 328574272 US

New Mailing Address:

1134 PHEASANT CIRCLE
WINTER SPRINGS, FL 32708 US

FEI Number: 65-0566110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, SAMUEL J III
1417 N. SEMORAN BLVD. STE. 102
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

DAVIS, SAMUEL J III
1134 PHEASANT CIRCLE
WINTER SPRINGS, FL 32708 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: _____ 04/29/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, SAMUEL J III
Address: 1417 N. SEMORAN BLVD. STE. 102
City-St-Zip: ORLANDO, FL 32807

Title: STD ( ) Delete
Name: DAVIS, SUSAN M
Address: 1417 N. SEMORAN BLVD. STE. 102
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAVIS, SAMUEL J III
Address: 1134 PHEASANT CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: STD (X) Change ( ) Addition
Name: DAVIS, SUSAN M
Address: 1134 PHEASANT CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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: SAMUEL JAY DAVIS III PD 04/29/2007
Electronic Signature of Signing Officer or Director — Date