

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000023406

FILED
Apr 15, 2003
Secretary of State

Entity Name: PINNACLE MEDICAL, INC.

Current Principal Place of Business:

5949 E. COLONIAL DR.
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 574272
ORLANDO, FL 328574272 US

New Mailing Address:

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
5949 E. COLONIAL DR.
ORLANDO, FL 32807 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: PD () Delete
Name: DAVIS, SAMUEL J III
Address: 5949 E. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32807

Title: STD () Delete
Name: DAVIS, SUSAN M
Address: 5949 E. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

04/15/2003

Electronic Signature of Signing Officer or Director

Date