

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087214 (9)**

1. Corporation Name
PINNACLE HEALTH CARE, INC.



Principal Place of Business 3121 W HALLANDALE BEACH BLVD. SUITE 110 HALLANDALE FL 33009	Mailing Address 3121 W HALLANDALE BEACH BLVD. SUITE 110 HALLANDALE FL 33009-5149
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0620730		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent RIZZO, RICHARD R 3121 W HALLANDALE BEACH BLVD, SUITE 110 HALLANDALE FL 33009				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	LEVINE, BRADLEY M	1.2 NAME	RIZZO, RICHARD R
STREET ADDRESS	3121 W HALLANDALE BEACH BLVD, SUITE 110	1.3 STREET ADDRESS	3121 W HALLANDALE BEACH BLVD, SUITE 110
CITY - ST - ZIP	HALLANDALE FL 33009	1.4 CITY - ST - ZIP	HALLANDALE FL 33009
TITLE	V ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	RIZZO, RICHARD R	2.2 NAME	HAROLD WINTER
STREET ADDRESS	3121 W HALLANDALE BEACH BLVD, SUITE 110	2.3 STREET ADDRESS	3121 W HALLANDALE BEACH BLVD, SUITE 110
CITY - ST - ZIP	HALLANDALE FL 33009	2.4 CITY - ST - ZIP	HALLANDALE FL 33009
TITLE	S ☐ DELETE	3.1 TITLE	S/V/D ☒ Change ☐ Addition
NAME	SHIRLEY, DOUGLAS K	3.2 NAME	SHIRLEY, DOUGLAS K
STREET ADDRESS	3121 W HALLANDALE BEACH BLVD, SUITE 110	3.3 STREET ADDRESS	3121 W HALLANDALE BEACH BLVD, SUITE 110
CITY - ST - ZIP	HALLANDALE FL 33009	3.4 CITY - ST - ZIP	HALLANDALE FL 33009
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 as an addendum with an address.

SIGNATURE:  **1-7-97** **954-966-8072**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0113007

CR2E034 (9/96)