


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90011 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000087214

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11400 KNOT WAY Suite, Apt. #, etc. 22 City & State 23 COOPER City FL Zip Country 24 33026 25 USA	2a. Mailing Address 26 P.O. Box 841334 Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES FL Zip Country 29 33084 30 USA
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3. Date Incorporated or Qualified 11/13/1995	4. FEI Number 65-0620730	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 11400 KNOT WAY	
84 City COOPER City FL	33026

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	<input type="checkbox"/> DELETE
NAME	RIZZO, RICHARD R	
STREET ADDRESS	3121 W HALLANDALE BEACH BLVD, SUITE 110	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	SHIRLEY, DOUGLAS K	
STREET ADDRESS	3121 W HALLANDALE BEACH BLVD, SUITE 110	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINTERS, HAROLO	
STREET ADDRESS	3121 W HALLANDALE BEACH BLVD, SUITE 110	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHIRLEY, DOUGLAS K	
1.3 STREET ADDRESS	1797 B CLEARWATER-LARGO RD.	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD R RIZZO	
2.3 STREET ADDRESS	11400 KNOT WAY	
2.4 CITY-ST-ZIP	COOPER City, FL 33026	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-99 954-629-8788

CR2E034 (11/98)