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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098290 (4)

1. Corporation Name

PINNACLE MEDICAL GROUP, INC.

Principal Place of Business

4110 MANATEE AVENUE
BRADENTON FL 34205

Mailing Address

4110 MANATEE AVENUE
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1997

4. FEI Number

65-0801453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR
625 COURT STREET
SUITE 200
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME KALLINS, MARC M.D.
STREET ADDRESS 4110 MANATEE AVENUE
CITY-ST-ZIP BRADENTON FL 34205

TITLE VD ☐ DELETE

NAME BOYER, KEVIN L. M.D.
STREET ADDRESS 4110 MANATEE AVENUE
CITY-ST-ZIP BRADENTON FL 34205

TITLE VD ☐ DELETE

NAME PELHAM, STEPHEN M.D.
STREET ADDRESS 4110 MANATEE AVENUE
CITY-ST-ZIP BRADENTON FL 34205

TITLE SD ☐ DELETE

NAME GRACE, DAVID M.D.
STREET ADDRESS 4110 MANATEE AVENUE
CITY-ST-ZIP BRADENTON FL 34205

TITLE TD ☐ DELETE

NAME BLACKWOOD, ROBERT M.D.
STREET ADDRESS 4110 MANATEE AVENUE
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD BLACKWOOD, ROBERT M.D. ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE TD

2.2 NAME BOYER, KEVIN L. M.D. ☒ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VD

3.2 NAME GRACE, DAVID H.D. ☒ Change ☐ Addition

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE SD

4.2 NAME PELHAM, STEPHEN M.D. ☒ Change ☐ Addition

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

MARC S. KALLINS, PRES

4/30/98

CR2E034 (10/97)