

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90088 025 \*\*\*150.00

DOCUMENT # P97000098290

1. Corporation Name

PINNACLE MEDICAL GROUP, P.A.

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

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 7252 MANATEE AVENUE  
Suite, Apt. #, etc.

27 City & State

28 BRADENTON, FL

Zip

29 34209

Country

30 MANATEE

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME VD  
GRACE, DAVID MD  
STREET ADDRESS 4110 MANATEE AVENUE  
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ DELETE

NAME SD  
PELHAM, STEPHEN MD  
STREET ADDRESS 4110 MANATEE AVENUE  
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2010 59TH STREET W., #2600  
1.4 CITY-ST-ZIP BRADENTON, FL 34209

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 2010 59TH STREET W., #5500  
3.4 CITY-ST-ZIP BRADENTON, FL 34209

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 3909 E. BAY DRIVE, #100  
4.4 CITY-ST-ZIP HOLMES BEACH, FL 34217

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME PD  
HARC S. KALLINS, MD  
6.3 STREET ADDRESS 4110 MANATEE AVENUE  
6.4 CITY-ST-ZIP BRADENTON, FL 34205

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  
HARC S. KALLINS, PRES.

4/28/99

(941) 761-1998

Daytime Phone #

CR2E034 (11/98)

0460887