

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000098290**

1. Entity Name

PINNACLE MEDICAL GROUP, P.A.

Principal Place of Business

**4110 MANATEE AVENUE
BRADENTON FL 34205**

Mailing Address

**7252 MANATEE AVE
BRADENTON FL 32309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0801453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BLACKWOOD, ROBERT MD
2010 59TH ST W., #2600
BRADENTON FL 34209 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BOYER, KEVIN L M.D.
4110 MANATEE AVENUE
BRADENTON FL 34205 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GRACE, DAVID MD
2010 59TH STREET W., #2600
BRADENTON FL 34209 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PELHAM, STEPHEN MD
2010 59TH STREET W., # 2600
BRADENTON FL 34209 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KALLINS, MARC S MD
4110 MANATEE AVE
BRADENTON FL 34205 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 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 #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90042 024 ***150.00

764727



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)