

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90281 014 ***150.00

0511359 AV

DOCUMENT # P97000098290

1. Entity Name
PINNACLE MEDICAL GROUP, P.A.

Principal Place of Business
**4110 MANATEE AVENUE
 BRADENTON FL 34205**

Mailing Address
**7252 MANATEE AVENUE
 BRADENTON FL 34209**

657087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0801453**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 2002 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 **VD** ☐ Delete
 NAME **BLACKWOOD, ROBERT MD**
 STREET ADDRESS **2010 59TH ST W., #2600**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **GRACE, DAVID MD**
 STREET ADDRESS **2010 59TH STREET W., #2600**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2010 59TH STREET W. #5500**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **PELHAM, STEPHEN MD**
 STREET ADDRESS **2010 59TH STREET W., # 2600**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3909 EAST BAY DRIVE #100**
 CITY-ST-ZIP **HOLMES BEACH, FL 34217**

TITLE **PD** ☐ Delete
 NAME **KALLINS, MARC S MD**
 STREET ADDRESS **4110 MANATEE AVE**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)