

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098290

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: PINNACLE MEDICAL GROUP, P.A.

## Current Principal Place of Business:

4110 MANATEE AVENUE  
BRADENTON, FL 34205

## New Principal Place of Business:

## Current Mailing Address:

7252 MANATEE AVENUE  
BRADENTON, FL 34209

## New Mailing Address:

FEI Number: 65-0801453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUILAN, JOHN V  
601 12TH ST W  
BRADENTON, FL 34205 US

## Name and Address of New Registered Agent:

QUINLAN, JOHN V  
601 12TH ST W  
BRADENTON, FL 34205 US

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: JOHN V QUINLAN

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD (X) Delete  
Name: BLACKWOOD, ROBERT MD  
Address: 2010 59TH ST W., #2600  
City-St-Zip: BRADENTON, FL 34209

Title: TD ( ) Delete  
Name: BOYER, KEVIN L M.D.  
Address: 4110 MANATEE AVENUE  
City-St-Zip: BRADENTON, FL 34205

Title: VD ( ) Delete  
Name: ALEXANDER, JACK  
Address: 2010 59TH ST W #5500  
City-St-Zip: BRADENTON, FL 34209

Title: SD ( ) Delete  
Name: PELHAM, STEPHEN MD  
Address: 3909 EAST BAY DRIVE #100  
City-St-Zip: HOLMES BEACH, FL 34217

Title: PD ( ) Delete  
Name: KALLINS, MARC S MD  
Address: 4110 MANATEE AVE  
City-St-Zip: BRADENTON, FL 34205

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC S KALLINS MD

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date