2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# P97000098290

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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:

I hereby certify that the information supplied with this filing does not qualify 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 05/14/2007

Electronic Signature of Signing Officer or Director Date