

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098290

FILED  
Feb 18, 2011  
Secretary of State

Entity Name: PINNACLE MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

315 75TH STREET WEST  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

**Current Mailing Address:**

315 75TH STREET WEST  
BRADENTON, FL 34209 US

**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:**

FLEECE, JONATHAN D  
802 11TH STREET WEST  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOYER, KEVIN L M.D.  
Address: 7005 CORTEZ ROAD WEST  
City-St-Zip: BRADENTON, FL 34210 US

Title: TD  
Name: CRAGER, KENNETH  
Address: 315 75TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209

Title: VD  
Name: CLULOW, SCOTT  
Address: 7005 CORTEZ ROAD WEST  
City-St-Zip: BRADENTON, FL 34210

Title: VD  
Name: KALLINS, MARC S MD  
Address: 4110 MANATEE AVE  
City-St-Zip: BRADENTON, FL 34205

Title: VD  
Name: RODRIGUEZ, CARLOS  
Address: 315 75TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209

I hereby 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 all other like empowered.

SIGNATURE: R. TODD BATEY

CEO

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date