	,			
FEI Number: 42-1651197			Certificate of Status Desired: No	
Name and	d Address of Current Registered Age	nt:		
5286 APPLE	NN, SHANE D EGATE DR. LL, FL 34606 US			
The above na	med entity submits this statement for the purpose of cha	nging its registered office or re	gistered agent, or both, in the State of	f Florida.
	med entity submits this statement for the purpose of cha IRE: SHANE D DONALDSON	nging its registered office or re	gistered agent, or both, in the State of	f Florida. 04/24/2014
		nging its registered office or re	rgistered agent, or both, in the State of	
SIGNATU	RE: SHANE D DONALDSON	nging its registered office or re	egistered agent, or both, in the State of	04/24/2014
SIGNATU	IRE: SHANE D DONALDSON Electronic Signature of Registered Agent	nging its registered office or re	ngistered agent, or both, in the State of	04/24/2014
SIGNATU Officer/Di	IRE: SHANE D DONALDSON Electronic Signature of Registered Agent irector Detail :			04/24/2014

City-State-Zip:

SPRING HILL FL 34606

Current Principal Place of Business: 5286 APPLEGATE DR. SPRING HILL, FL 34606

Current Mailing Address:

5286 APPLEGATE DRIVE SPRING HILL

City-State-Zip: SPRING HILL FL 34606

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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: SHANE DONALDSON

DIRECTOR

04/24/2014 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 24, 2014 Secretary of State CC9694787237

Entity Name: PINNACLE HOME CARE OF SPRINGHILL, INC.

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P04000130564