

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000144453

Entity Name: PIONEER MEDICAL GROUP PL**Current Principal Place of Business:**13067 N TELECOM PKWY
TAMPA, FL 33637**Current Mailing Address:**13067 N TELECOM PKWY
TAMPA, FL 33637 US**FEI Number:** 46-3979554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALI, SYED I
13067 N TELECOM PKWY
TAMPA, FL 33637 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	ALI, SYED I
Address	17702 SAINT LUCIA ISLE DRIVE
City-State-Zip:	TAMPA FL 33647

Title	MGRM
Name	MERCADO, RONNIEL
Address	2114 RENSSELAER DRIVE
City-State-Zip:	WESLEY CHAPEL FL 33543

Title	MGRM
Name	BROWN, MILTON
Address	20232 RAVENS END DRIVE
City-State-Zip:	TAMPA FL 33647

Title	MGRM
Name	KHAN, MASOOD
Address	20114 NATURES HIKE WAY
City-State-Zip:	TAMPA FL 33647

Title	MGRM
Name	SHAUKAT, KHIZZAR
Address	10528 MARTINIQUE ISLE DRIVE
City-State-Zip:	TAMPA FL 33647

Title	MGRM
Name	MEHTA, DIPTI
Address	3568 SHORELINE CIRCLE
City-State-Zip:	PALM HARBOR FL 34684

Title	MGRM
Name	PATEL, KALPESH S
Address	17922 HOWSMOOR PL
City-State-Zip:	LUTZ FL 33559

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SYED ALI

MGRM

04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date