

2021 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 BROWN, MILTON
Address 20232 RAVENS END DRIVE
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 PATEL, KALPESH S
Address 17922 HOWSMOOR PL
City-State-Zip: LUTZ FL 33559

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

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

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

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**OWNER****05/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date