

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004734

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** PIONEER HEALTH SERVICES, INC.

**Current Principal Place of Business:**

135 AVENUE G  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1100  
MAGEE, MS 39111

**New Mailing Address:**

**FEI Number:** 72-1366734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORP DIRECT AGENTS, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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:** P  
**Name:** MCNULTY, JOSEPH S III  
**Address:** 301 8TH AVE SW  
**City-St-Zip:** MAGEE, MS 39111

**Title:** S  
**Name:** GIEGER, JULIE  
**Address:** PO BOX 1100  
**City-St-Zip:** MAGEE, MS 39111

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:** JULIE GIEGER

SEC

02/15/2011

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

\_\_\_\_\_  
Date