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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: PIONEER HEALTH SERVICES, INC. (Name of Corporation) |
| DOCUMENT NUMBER: F07000004734 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Bruce B. Hubbard |
| (Name of Person) |
| Hubco |
| (Name of Firm/Company) |
| 238 West Jericho Turnpike |
| Huntington Station, NY 11746 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Laurie Wilson at (516) 813-1186 (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | |
|--|--------|
| Florida Statutes, the undersigned, Hubco Registered Agent Services, Inc. | |
| (Name of Registered Agent) | |
| hereby resigns as Registered Agent for PIONEER HEALTH SERVICES, I | NC. |
| (Name of Corporation) | |
| F0700004734 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last known ad | - an |
| The agency is terminated and the office discontinued on the 31st day after the date on with this statement is filed. | ich S |
| Signature of Resigning Agent) | |
| (Signature of Resigning Agent) | 9. DO |
| If signing on behalf of an entity: | :::· O |
| Bruce B. Hubbard | |
| (Typed or Printed Name) | |
| President | |
| (Capacity) | |
| | |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314