

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000048377

**FILED  
Aug 01, 2012  
Secretary of State**

**Entity Name:** PIONEER CARE TRANSPORTATION INC.

**Current Principal Place of Business:**

13710 NE 11 AVENUE.  
N.MIAMI BEACH, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

13710 NE 11 AVENUE.  
N.MIAMI BEACH, FL 33161

**New Mailing Address:**

**FEI Number:** 74-1612229      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOSEPH, JAMAEL B  
13710 NE 11 AVE  
N,MIAMI BEACH, FL 33161      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: JOSEPH, JAMAEL B  
Address: 275 NW 59TH TERRACE  
City-St-Zip: MIAMI, FL 33127

Title: VP  
Name: JEFFERSON, JOSEOH B  
Address: 275 NW 59 TER  
City-St-Zip: MIAMI, FL 33127 US

Title: S  
Name: JOANNE, JOSEPH  
Address: 275 NW 59 TER  
City-St-Zip: MIAMI, FL 33127 US

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: JAMAEL JOSEPH

P

08/01/2012

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

\_\_\_\_\_  
Date