2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2006
Secretary of State

DOCUMENT# P05000096026

Entity Name: PIONEER HEALTH, INC.

Current Principal Place of Business:

620 E COLONIAL DR.
ORLANDO, FL 32803 US

New Principal Place of Business:

8749 THE ESPLANADE
#30
ORLANDO, FL 32836 US

Current Mailing Address:

620 E COLONIAL DR.
ORLANDO, FL 32803 US

New Mailing Address:

8749 THE ESPLANADE
#30
ORLANDO, FL 32836 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIU, DORIS J
620 E COLONIAL DR.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

CHIU, DORIS J
8749 THE ESPLANADE
#30
ORLANDO, FL 32836 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: DORIS J. CHIU 10/23/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHIU, DORIS J
Address: 620 E COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803 US

Title: D ( ) Delete
Name: CHIU, HAN L
Address: 620 E COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHIU, DORIS J
Address: 8749 THE ESPLANADE
City-St-Zip: ORLANDO, FL 32836 US

Title: D (X) Change ( ) Addition
Name: CHIU, HAN L
Address: 8749 THE ESPLANADE #30
City-St-Zip: ORLANDO, FL 32836 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DORIS J. CHIU D 10/23/2006
Electronic Signature of Signing Officer or Director Date