

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000008520

1. Entity Name
PIONEER MEDICAL CONSULTANTS INC.



FILED

08 OCT 28 AM 8:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
11586 GREENLAND HIDEAWAY DR E
JACKSONVILLE, FL 32258

Mailing Address
11586 GREENLAND HIDEAWAY DR E
JACKSONVILLE, FL 32258

2. Principal Place of Business - No P.O. Box #
1433 LENTON ROSE CT.

3. Mailing Address
1433 LENTON ROSE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



REINSTATEMENT
10212008 REIN-P CR2E098 (1/07)

City & State
NEW PORT RICHIE, FL

City & State
NEW PORT RICHIE, FL

4. FEI Number
26-0790338

Applied For
Not Applicable

Zip
34655

Country
USA

Zip
34655

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALWAR, SIMARPREET K
11586 GREENLAND HIDEAWAY DR E
JACKSONVILLE, FL 32258

Name
SATBIR TALWAR

Street Address (P.O. Box Number is Not Acceptable)
1433 LENTON ROSE COURT

City
NEW PORT RICHIE FL Zip Code
34655

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Satbir Singh Talwar*

10-21-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TALWAR, SIMARPREET K 11586 GREENLAND HIDEAWAY DR E JACKSONVILLE, FL 32258 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TALWAR, SATBIR S 11586 GREENLAND HIDEAWAY DR E JACKSONVILLE, FL 32258 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1433 LENTON ROSE CT. NEW PORT RICHIE, FL 34655 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1433 LENTON ROSE CT. NEW PORT RICHIE, FL 34655 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700137368747 10/28/08--01028--012 **158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Satbir Singh Talwar* SATBIR TALWAR 10-21-08 904-304-3093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

304
304-3093
M 10/20