

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000010083

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** PIONEER MEDICAL THERAPEUTICS INC

**Current Principal Place of Business:**

2829 INDIAN CREEK DRIVE  
#1409  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

PO BOX 141073  
ORLANDO, FL 32814 US

**New Principal Place of Business:**

7612 LAKE VISTA CT  
#305  
LAKEWOOD RANCH, FL 342022117 US

**New Mailing Address:**

7612 LAKE VISTA CT  
#305  
LAKEWOOD RANCH, FL 342022117 US

**FEI Number:** 38-2084239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAYGAN, ALI P  
2829 INDIAN CREEK DRIVE  
1409  
MIAMI BEACH, FL 33140 US

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

SHAYGAN, ALI P  
7612 LAKE VISTA CT  
#305  
LAKEWOOD RANCH, FL 342022117 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:

03/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHAYGAN, ALI  
Address: 7612 LAKE VISTA CT #305  
City-St-Zip: LAKEWOOD RANCH, FL 342022117 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: ALI SHAYGAN

DR.

03/23/2011

Electronic Signature of Signing Officer or Director

Date