

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90173 045 \*\*\*150.00

**DOCUMENT # P93000024245**

1. Entity Name

PIONEER HEALTH CARE, INC.



Principal Place of Business

7857 W. SAMPLE ROAD  
STE 160  
CORAL SPRINGS FL 33065  
US

Mailing Address

3460 GREENVIEW TER E  
MARGATE FL 33063-9317  
US



2. Principal Place of Business

9319 W. SAMPLE ROAD

3. Mailing Address

Suite, Apt. #, etc.  
STE 202

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

CORAL SPRINGS, FLORIDA

City & State

4. FEI Number

65-0399331

Applied For

Not Applicable

Zip

FL 33065

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAHA, ERLINDA P  
3460 GREENVIEW TERRACE E  
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME SAHA, ERLINDA P  
STREET ADDRESS 3460 GREENVIEW TERRACE E.  
CITY-ST-ZIP MARGATE FL 33063-9317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S/T/D ☒ Change ☐ Addition  
NAME SAHA, ERLINDA P  
STREET ADDRESS 3460 GREENVIEW TERRACE E  
CITY-ST-ZIP MARGATE, FL 33063-9317

TITLE P ☐ Change ☒ Addition  
NAME SAHA, KAMAL N  
STREET ADDRESS 3460 GREENVIEW TERRACE E  
CITY-ST-ZIP MARGATE, FL 33063-9317

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kamal Nith Saha* Kamal N. Saha

02/27/06

(954)796-8985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #