

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000024245

1. Entity Name

PIONEER HEALTH CARE, INC.



Principal Place of Business

9319 W SAMPLE RD
STE. 202
CORAL SPRINGS FL 33065
US

Mailing Address

3460 GREENVIEW TER E
MARGATE FL 33063-9317
US



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0399331

Applied For
Not Applicable

Zip

Country

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, 2007 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: STD
NAME: SAHA, ERLINDA P
STREET ADDRESS: 3460 GREENVIEW TERRACE E.
CITY, ST, ZIP: MARGATE FL 33063-9317 ☐ Delete

TITLE: P
NAME: SAHA, KAMAL N
STREET ADDRESS: 3460 GREENVIEW TERR E
CITY, ST, ZIP: POMPANO BEACH FL 33063-9317 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY, ST, ZIP: ☐ Change ☐ Add

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CITY, ST, ZIP: ☐ Change ☐ Add

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 Nath Saha (KAMAL NATH SAHA) 01/29/07 (954) 796-8985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #