

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000005331

**Entity Name:** PIONEER MEDICAL GROUP CLINIC FOUNDATION, INC.

**Current Principal Place of Business:**

13067 N TELECOM PKWY  
TAMPA, FL 33637

**Current Mailing Address:**

13067 N TELECOM PKWY  
TAMPA, FL 33637 US

**FEI Number: 81-2781401**

**Certificate of Status Desired: No**

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

ALI, SYED M  
SYED ALI  
13067 N TELECOM PARKWAY  
TAMPA, FL 33637 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: SYED ALI**

**04/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DT  
Name MERCADO, RONNIEL  
Address 30595 IVY FORGE CT  
City-State-Zip: WESLEY CHAPEL FL 33543

Title DP  
Name ALI, SYED  
Address 17324 BALLMONT PARK DR  
City-State-Zip: ODESSA FL 33556

Title DVP  
Name SHAUKAT, KHIZZAR  
Address 10528 MARTINIQUE ISLE DR.  
City-State-Zip: TAMPA FL 33647

Title DS  
Name BROWN, MILTON  
Address 10555 CORY LAKE DR  
City-State-Zip: TAMPA FL 33647

Title D  
Name MEHTA, DIPTI  
Address 4201 BAYSHORE BLVD  
#1901  
City-State-Zip: TAMPA FL 33611

Title D  
Name KHAN, MASOOD  
Address 20114 NATURES HIKE WAY  
City-State-Zip: TAMPA FL 33647

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SYED ALI**

**OWNER**

**04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date