

**2022 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: Yes**

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

SCHARBER, JARROD M ESQ.  
SCHARBER LAW GROUP, P.A.  
14010 21ST STREET  
DADE CITY, FL 33525 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DT  
Name MERCADO, RONNIEL  
Address 2114 RENSSLAER DR.  
City-State-Zip: WESLEY CHAPEL FL 33543

Title DP  
Name ALI, SYED  
Address 17702 ST. LUCIA ISLE DR.  
City-State-Zip: TAMPA FL 33647

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

Title DS  
Name BROWN, MILTON  
Address 20232 RAVENS END DR.  
City-State-Zip: TAMPA FL 33647

Title D  
Name MEHTA, DIPTI  
Address 3908 FLATIRON LOOP  
City-State-Zip: WESLEY CHAPEL FL 33544

Title D  
Name KHAN, MASOOD  
Address 3908 FLATIRON LOOP  
City-State-Zip: WESLEY CHAPEL FL 33544

*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**

**PRESIDENT, CEO**

**01/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date