

1.) CORPORATION NAME: Pioneer Health Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HUBCO REGISTERED AGENT SERVICES, INC. 2331 MILL ROAD SUITE 100 ALEXANDRIA, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY 4.) STATE OR COUNTRY OF INCORPORATION: MS	DUE DATE: 9/30/2013 SCC ID NO: F1801705 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 110 PIONEER WAY CITY/ST/ZIP: MAGEE, MS 39111

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOSEPH S MCNULTY III TITLE: PRESIDENT ADDRESS: 110 PIONEER WAY CITY/ST/ZIP/CO: MAGEE, MS 39111	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	-------------------------------------	----------

NAME: JULIE GIEGER TITLE: SECRETARY ADDRESS: 110 PIONEER WAY CITY/ST/ZIP/CO: MAGEE, MS 39111	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	--------------------------	----------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOSEPH S MCNULTY III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH S MCNULTY III, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/1/2013 DATE
---	--	------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.