

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36670

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PANHANDLE INTENSIVE CARE, INC.

## Current Principal Place of Business:

PANHANDLE INTENSIVE CARE INC  
801 E 6TH ST 205B  
PANAMA CITY, FL 32401

## New Principal Place of Business:

## Current Mailing Address:

PANHANDLE INTENSIVE CARE INC  
801 E 6TH ST 205B  
PANAMA CITY, FL 32401

## New Mailing Address:

FEI Number: 59-2719418      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DALY, JOHN W.  
801 E 6TH ST. #205B  
PANAMA CITY, FL 32401      US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KRADEL, BRIAN K MD  
Address: 801 E 6TH ST SUITE 205B  
City-St-Zip: PANAMA CITY, FL 32401

Title: ST ( ) Delete  
Name: DALY, JOHN W DO  
Address: 801 EAST6TH STREET, SUITE 205B  
City-St-Zip: PANAMA CITY, FL 32401

Title: VP ( ) Delete  
Name: GANDY, STEVEN E  
Address: 801 E 6TH STREET SUITE 205B  
City-St-Zip: PANAMA CITY, FL 324014

Title: TRES ( ) Delete  
Name: MANISCALCO, JOE M M.D.  
Address: 801 E 6TH STREET, SUITE 205B  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN K. KRADEL, MD

P

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date