2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096661

Entity Name: PANACEA HEALTHCARE SOLUTIONS, LLC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20115 NOB OAK AVE 2533 WINDGUARD CIRCLE, STE 102 TAMPA, FL 33647 US WESLEY CHAPEL, FL 33544 US

Current Mailing Address: New Mailing Address:

20115 NOB OAK AVE 2533 WINDGUARD CIRCLE, STE 102 TAMPA, FL 33647 US WESLEY CHAPEL, FL 33544 US

FEI Number: 26-1092210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STODOLAK, REBECCA A

20115 NOB OAK AVE

TAMPA, FL 33647 US

STODOLAK, REBECCA A

2533 WINDGUARD CIRCLE, STE 102

WESLEY CHAPEL, FL 33544 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: 04/27/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 STODOLAK, FREDERICK
 Name:

 Address:
 20115 NOB OAK AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33647 US
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 STODOLAK, REBECCA A
 Name:

 Address:
 20115 NOB OAK AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33647 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REBECCA STODOLAK MGR 04/27/2009