
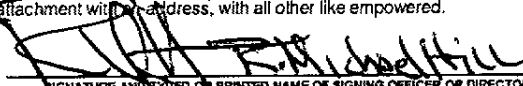


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002427		
1. Entity Name PANCARE OF FLORIDA, INC.		
Principal Place of Business 431 OAK AVE PANAMA CITY, FL 32401	Mailing Address 431 OAK AVE PANAMA CITY, FL 32401	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent HILL, R. MICHAEL 431 OAK AVE PANAMA CITY, FL 32401		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HILL, R. MICHAEL 1415 BAKER CT PANAMA CITY, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EDELLEN, RICHARD R 7116 S LAGOON DR PANAMA CITY, FL 32408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DEAN, FRANK 2912 TUPELO DRIVE PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRETZER, HEATHER N 17218 ILLINOIS AVE PANAMA CITY, FL 32444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANDA, JO T 925 ROSEMONT DRIVE PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/24/2006 850-872-4128 <small>Date Daytime Phone #</small>



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 91-2189932	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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U00000537991
05/09/06-80024-007 61.25

**DO NOT WRITE
IN THIS SPACE**