


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000070142	
1. Entity Name PANDA HEALTH SERVICES, INC.	

FILED
2007 JUL 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15226 70th Trail North Suite, Apt #, etc	3. Mailing Address 15226 70th Trail North Suite, Apt #, etc
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DO NOT WRITE IN THIS SPACE

City & State Palm Beach Gardens, Florida	City & State Palm Beach Gardens, Florida	4. FEI Number 22-3932658	Applied For <input type="checkbox"/> Not Applicable
Zip 33418	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SPIEGEL & UTRERA, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street, 4th Floor	
	City Miami	FL Zip Code 33145

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. Spiegel & Utrera, P.A.

SIGNATURE By: Natalia Utrera, P.A. DATE 7-23-07

(NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Frecoe, Cecilia M. 15226 70th Trail North Palm Beach Gardens, Florida 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000107464930 08/07/07--01053--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Hall, Elizabeth M. 15226 70th Trail North Palm Beach Gardens, Florida 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other line employees.

SIGNATURE: Cecilia M. Frecoe DATE 7-23-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)