

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000088255

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** PANDO MEDICAL INC

**Current Principal Place of Business:**

709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 26-0589762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWAN, LAWRENCE  
14250 ROYAL HARBOUR COURT  
UNIT 517  
FORT MYERS, FL 33908 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: PANDO, PAULA  
Address: 709 CAPE CORAL PARKWAY WEST  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP  
Name: PANDO, PAULA  
Address: 709 CAPE CORAL PARKWAY WEST  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: PAULA PANDO

PSTD

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date