

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000012907 (6)

1. Corporation Name

PANTHER MEDICAL SERVICES, INC.

Principal Place of Business

4801 S UNIVERSITY DRIVE  
DAVIE FL 33328

Mailing Address

4801 S UNIVERSITY DRIVE  
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 4611 S. University Drive

Suite, Apt. #, etc.

22 Suite 136

City & State

23 Davie, FL.

24 33328

Country

25 U.S.A.

2a. Mailing Address

26 4611 S. University Dr.

Suite, Apt. #, etc.

27 Suite 136

City & State

28 Davie, FL.

29 33328

Country

30 USA

9. Name and Address of Current Registered Agent

WOLANSKY, BENNETT L  
4801 S UNIVERSITY DRIVE  
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name Joy Wolansky

82 Street Address (P.O. Box Number is Not Acceptable)

83 11225 Roundelay Rd.

84 City Cooper City, FL.

FL

85 Zip Code 33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Joy Wolansky*  
Signature, typed or printed name of registered agent and file if applicable

Joy WOLANSKY - President

4-10-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME Joy Wolansky  
STREET ADDRESS 11225 Roundelay Rd. Cooper City, FL.  
CITY-ST-ZIP 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joy Wolansky*  
Joy WOLANSKY 4-10-98

CR2E034 (10/97)