

P97 0000 17887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

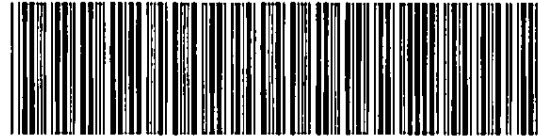
(Business Entity Name)

(Document Number)

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LABORATORY

NOV 14 2020

S. YOUNG

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Panther Medical, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P97000017887

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Randazzo

Name of Contact Person

Panther Medical

Firm/Company

405 North Rco Street #250

Address

Tampa, FL 33609

City/State and Zip Code

david@panthermedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Randazzo

Name of Contact Person

at (813) 549-7676  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Panther Medical, Inc.
2. The principal office address: 405 North Reo Street Suite 250 Tampa, FL 33609
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/26/1997 Document number: P97000017887
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Richard Rappaport

405 North Reo Street Suite 100

Tampa, FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richard Rappaport

405 North Reo Street Suite 250

P.O. Box NOT acceptable

Tampa, FL 33609

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Richard Rappaport  
Signature of an officer or director

Richard Rappaport - President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Richard Rappaport  
Signature of Registered Agent

09/22/2020

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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