

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000092010**

1. Entity Name

**PANACEA FUNDING, INC.****FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90085 010 \*\*\*150.00

Principal Place of Business

Mailing Address

505 UNION  
JONESBORO AR 72401505 UNION  
JONESBORO AR 72401-2836

2. Principal Place of Business

2975 BOBCAT VILLAGE CTR RD

3. Mailing Address

2975 BOBCAT VILLAGE CTR RD

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City &amp; State

NORTHPORT FL

City &amp; State

NORTHPORT FL

Zip

34286

Country

Zip

34286

Country

4. FEI Number

71-0300996

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, ERIC A  
9050 PINES BLVD., STE. 250  
PEMBROKE PINES FL 33024

Name

DAVID P. PERSSON

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

2033 MAIN STREET

SUITE 400

City

SARASOTA FL 34237

FL

Zip Code  
34237

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ARNOLD, KENT  
CITY-ST-ZIP 505 UNION  
JONESBORO AR 72401TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS TROUTT, ROBERT  
CITY-ST-ZIP 505 UNION  
JONESBORO AR 72401TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS TROUTT, JOHN E  
CITY-ST-ZIP 505 UNION  
JONESBORO AR 72401TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-2000

CP 25034 (9/93)