2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **P99000058316** PANAMEDIC CORPORATION 05-16-2000 90153 050 ***150.00 Principal Place of Business Mailing Address 200-71 ST. 200-71 ST. TOOONT **MIAMI FL 33140** MIAMI FL 33140 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Náme SHAFFER, FRANK Street Address (P.O. Box Number is Not Acceptable) 200-71 ST. **MIAMI FL 33140** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition DP Delete TITLE TITLE NAME SHAFFER, FRANK NAME STREET ADDRESS STREET ADDRESS 200-71 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33140 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change ___ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the example indicated on this report or supplemental report is true and accurate and that my signatures. ne exampling stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director featured by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empower

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Daytime Phone #