

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215534583								
1.) CORPORATION NAME: PANTHER MEDICAL, INC.		DUE DATE: 11/30/2015								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PARACORP INCORPORATED 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA		SCC ID NO: F1945650								
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY		5.) STOCK INFORMATION								
4.) STATE OR COUNTRY OF INCORPORATION: FL		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000				
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COMMON	1,000									
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 405 NORTH REO ST STE 100 CITY/ST/ZIP: TAMPA, FL 33609										
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.										
<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR										
<table style="width: 100%;"> <tr> <td style="width: 30%;">NAME:</td> <td>RICHARD MARC RAPPAPORT</td> </tr> <tr> <td>TITLE:</td> <td>PRES/DIR</td> </tr> <tr> <td>ADDRESS:</td> <td>405 NORTH REO ST STE 100</td> </tr> <tr> <td>CITY/ST/ZIP/CO:</td> <td>TAMPA, FL 33609</td> </tr> </table>			NAME:	RICHARD MARC RAPPAPORT	TITLE:	PRES/DIR	ADDRESS:	405 NORTH REO ST STE 100	CITY/ST/ZIP/CO:	TAMPA, FL 33609
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.										
/s/ RICHARD MARC RAPPAPORT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD MARC RAPPAPORT, PRES/DIR PRINTED NAME AND CORPORATE TITLE	9/21/2015 DATE								
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.										