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PROFIT CORPORATION ANNUAL REPORT



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

1996

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SIGNATURE:

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<ol> <li>Corporation Name</li> </ol>			· /

PRO-MEDICAL, INC. Principal Place of Business Mailing Address 2801 S.W. COLLEGE RD. 2801 S.W. COLLEGE RD. UNIT 20 UNIT 20 OCALA FL 34474 **OCALA FL 34474** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/13/1993 07/19/1995 2. Principal Place of Business 2a. Mailing Address 26 P O BX 4. FEI Number Applied For 380 59-3208085 SAME-Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Deala 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, 34478 25 24 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bí Name FELS, LINDA K Street Address (P.O. Box Number is Not Acceptable) **B2** 2801 S.W. COLLEGE RD. 83 UNIT 20 OCALA FL 34474 R4 City Zip Code 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 ocepy the obligations of, Section 607,0505, Florida Statutes. en reinstating (12/95)OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE T-16 F 1. 1 TITLE ☐ Change Addition **BOLEY, MICHAEL J** NAM 1.2 NAME **CR2E034** 2901 SW 41ST ST., #3613 STREET ADDRESS 1.3 STREET ADDRESS OCALA FL CHY-SI-7E 1.4 CiTY - ST - 7IP THEF [ ] DELFIE 2 1 TITLE ☐ Change ☐ Addition BOLEY, SANTFORD R II NAM: 22 NAME 336 N.E. LAKEVIEW DR. STREET ADDRESS 23 STREET ADDRESS SEBRING FL 33870 City - St - ZiP 24 City-St-ZIP DELETE Addition ☐ Change TABLE 3 1 TIFLE FELS, LINDA K NAME 3 2 NAME 7685 S.W. 80TH ST. STREET ADDRESS 3.3 STREET ADDRESS **OCALA FL 34476** 0:1Y - S1 - ZiP 3.4 CITY-ST-ZIP DELETE Change THEF 4 1 TITLE ☐ Addition NAMo 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI ZIF 4.4 CITY - ST - ZIP [ DELETE TILLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - 20 5 4 CITY - ST - ZIP DELETE THEF 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), 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

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