

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071015

Entity Name: PRO-MEDICAL, INC.

FILED  
Apr 20, 2011  
Secretary of State

**Current Principal Place of Business:**

3245 SW 34TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380  
OCALA, FL 344780380 US

**New Mailing Address:**

FEI Number: 59-3208085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNOP, LINDA K  
373 1ST STREET WEST  
TIERRA VERDE, FL 33715 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DVT  
Name: BOLEY, MICHAEL J  
Address: 472 SUNSET POINTE DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: KNOP, LINDAK  
Address: 373 1ST STREET WEST  
City-St-Zip: TIERRE VERDE, FL 33715 US

Title: D  
Name: JACKSON, JOHN W  
Address: 4950 SW 111TH PLACE ROAD  
City-St-Zip: OCALA, FL 34476 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA K KNOP

D

04/20/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date