

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059252

Entity Name: PRO-MED SERVICES INC.

Current Principal Place of Business:

1887 SPRUCE CREEK BLVD
PORT ORANGE, FL 32128

Current Mailing Address:

1648 TAYLOR RD # 148
PORT ORANGE, FL 32128

FEI Number: 56-2452598

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, BONITA
1648 TAYLOR RD #148
PORT ORANGE, FL 32128 US

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

Officer/Director Detail :

Title PSTD
Name ROBERTS, BONITA
Address 1648 TAYLOR RD #148
City-State-Zip: PORT ORANGE FL 32128

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: BONITA ROBERTS

PRESIDENT

02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date