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PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

PRO MED TEMPORARIES, INC.

FILED Feb 27 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | T (ARIBILI) Ain INDI) DIBLE DIBLE (Bill) BOLK BIRI) DIRLE ANDIS DIRLE ANDIS DIRLE ANDIS DIRLE | ₽ } | |
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| 3780 TAMPA ROAD SUITE B-102 OLOSMAR FL 34677 US | | 3780 TAMPA ROAD SUITE B-102 OLDSMAR FL 34677 | SUITE B-102 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| ••• | | • | | | | 03/17/1989 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number Applied F | or |
| 21 | | 26 | 26 | | | 59-2939155 Not Appli | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Addition | nal |
| 22 | | 27 | | | | 6. Certificate of Status Desired Fee Required | |
| City & State | | City & State | ├ ¬ ′ | | | 6. Election Campaign Financing \$5.00 May B | |
| 23 | | 28] | · • · · · · · · · · · · · · · · · · · · | | | Trust Fund Contribution | |
| Zip | Country | Zip | _ | ntry | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | ' |
| 24 | 9. Name and Address of Curr | 29 ent Registered Agent | [30] | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| W | HITEHURST, JAMES | on negotion rigon | | 81 | Name | 10. Italio alla Addissa di Itali Italia di Sistema Again | |
| | 80 TAMPA ROAD | | - | | | (0.0 B. M | |
| | E B102 | | 82 Street Add | | Street Addre | ress (P.O. Box Number is Not Acceptable) | |
| | DSMAR FL 34677 | | <u> </u> | 83 | - | ter a sea e company de la comp | |
| | | | - | - | | | |
| | | | | 84 | City | FL 85 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 accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | | ND DIRECTORS | | | it signature require | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | ,—- |
| TITLE | 1 D | DELETE | 1.110 | LE | | | dition |
| NAME | WHITEHURST, JAMES | | 1.2 NAI | ME | | | |
| STREET ADDRESS | 2962 VALENCIA LN E | | 1.3 STF | REET A | ADDRESS 3 | 3043 GEIGER LT | |
| CITY-ST-ZIP | PALM HARBOR FL | | 1.4 CIT | Y-ST | -ZIP | 3043 GEIGER LT OLDSMAR, FL 34621 | |
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| | | | 4. 2 NA | | annarec | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ADDRESS | | |
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| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CIT | | 1 | | 1 |
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| NAME | | | 6.2 NA1 | | 1 | | |
| STREET ADDRESS | | | | | NODRESS | | |
| CITY-ST-ZIP | | | 6.4 CIT | | | | |
| | certify that the information complied | with this files door not smalify f | | | | Section 119 07/3/(i) Floride Statutes I further certify that the information | otion |

Indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report to resupplemental 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.