

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90082 037 \*\*\*150.00

DOCUMENT # K74690

1. Corporation Name  
PRO MED TEMPORARIES, INC.

Principal Place of Business

3780 TAMPA ROAD  
SUITE B-102  
OLDSMAR FL 34677  
US

Mailing Address

3780 TAMPA ROAD  
SUITE B-102  
OLDSMAR FL 34677  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1989

4. FEI Number

59-2939155

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 343 CAUSEWAY BLVD

Suite, Apt. #, etc.

2a. Mailing Address

26 343 CAUSEWAY BLVD

Suite, Apt. #, etc.

City & State

23 DUNEDIN, FL

City & State

28 DUNEDIN, FL

Zip

24 34698

Country

25 USA

Zip

29 34698

Country

30 USA

9. Name and Address of Current Registered Agent

WHITEHURST, JAMES  
3780 TAMPA ROAD  
STE B102  
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

343 CAUSEWAY BLVD

83

84 City DUNEDIN

FL

85 Zip Code 34698

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

4-13-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME WHITEHURST, JAMES  
STREET ADDRESS 3043 GEIGER CT  
CITY-ST-ZIP OLDSMAR FL 34621

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 0 CLEARWATER FL 33761

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES R. WHITEHURST 4-13-99 727-734-0246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0495181

CR2E034 (1/98)