

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001253

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PROFESSIONAL REFERRAL ORGANIZATION, INC.

## Current Principal Place of Business:

1000 OMAHA ST.  
PALM HARBOR, FL 34683

## New Principal Place of Business:

1500 16TH STREET  
PALM HARBOR, FL 34683

## Current Mailing Address:

1000 OMAHA ST.  
PALM HARBOR, FL 34683

## New Mailing Address:

3030 STARKEY RD  
TRINITY, FL 34655

FEI Number: 26-1908778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRIEST, SHEILA J  
1000 OMAHA ST.  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

KERSHNER, LEAH M  
3030 STARKEY RD  
TRINITY, FL 34655 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: LEAH M KERSHNER

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: KINNEY, GARY  
Address: P.O. BOX 400  
City-St-Zip: OZONA, FL 34660 04

Title: V-C ( ) Delete  
Name: DAYHOFF, CHARLES S III  
Address: 3830 TAMPA ROAD, SUITE 150  
City-St-Zip: PALM HARBOR, FL 34684

Title: S-T ( ) Delete  
Name: OBERGFELL, ANDREW  
Address: 166 LAKE TARPON DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: MALAGIES, DIDIER  
Address: 29257 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33761 04

Title: V-C (X) Change ( ) Addition  
Name: MCGRAW, JOHN  
Address: 2825 MEADOW OAK DRIVE  
City-St-Zip: CLEARWATER, FL 33761

Title: S-T (X) Change ( ) Addition  
Name: ELLIOTT, LUKE  
Address: 2915 S DALE MABRY HWY, STE 100  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUKE ELLIOTT

S-T

04/30/2009

Electronic Signature of Signing Officer or Director

Date