


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90002 038 \*\*\*150.00

<b>DOCUMENT # P02000018213</b> 1. Entity Name <b>PRO-MEDICAL BUSINESS PARTNERS, INC.</b>	
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Principal Place of Business <b>2760 S.E. 17TH STREET SUITE 200 OCALA, FL 34471</b>	Mailing Address <b>PO BOX 380 OCALA, FL 34478-0380</b>
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**44004613**

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3582052</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required.</b>

6. Name and Address of Current Registered Agent  
  
**TURNER, CRAIG W  
1531 S.E. 36TH AVE.  
OCALA, FL 34471**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P JACKSON, JOHN J <del>2760 S.E. 17TH STREET SUITE 200</del> <i>4950 SW 111<sup>th</sup> PL</i> OCALA, FL 34476</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V KNOP, LINDA K <del>2760 S.E. 17TH STREET SUITE 200</del> <i>117 10<sup>th</sup> Street E</i> <del>OCALA, FL 34471</del> <i>Tierre Verde FL 33715</i></b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST BOLEY, MICHAEL J <del>2760 S.E. 17TH STREET SUITE 200</del> <i>7065 SW 19<sup>th</sup> Ave</i> OCALA, FL 34476</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Linda Knop* **January 23, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #