# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2005**
**Secretary of State**

DOCUMENT# P02000018213

**Entity Name:** PRO-MEDICAL BUSINESS PARTNERS, INC.

**Current Principal Place of Business:**

2760 S.E. 17TH STREET
SUITE 200
OCALA, FL 34471

**New Principal Place of Business:**

3245 SW 34TH STREET
OCALA, FL 34474

**Current Mailing Address:**

PO BOX 380
OCALA, FL 344780380

**New Mailing Address:**

**FEI Number: 59-3582052** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURNER, CRAIG W
1531 S.E. 36TH AVE.
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

BOLEY, MICHAEL J
3245 SW 34TH STREET
OCALA, FL 34474 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: MICHAEL J BOLEY 01/20/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: JACKSON, JOHN J
Address: 4950 SW 111 TH PLACE RD
City-St-Zip: OCALA, FL 34476

Title: V ( ) Delete
Name: KNOP, LINDA K
Address: 117 10TH STREET E
City-St-Zip: TIERRE VERDE, FL 33715

Title: ST ( ) Delete
Name: BOLEY, MICHAEL J
Address: 7065 SW 19TH AVE
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: BOLEY, MICHAEL J
Address: 3245 SW 34TH STREET
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J BOLEY ST 01/20/2005
Electronic Signature of Signing Officer or Director Date