

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018213

FILED
May 10, 2006
Secretary of State

Entity Name: PRO-MEDICAL BUSINESS PARTNERS, INC.

Current Principal Place of Business:

3245 SW 34TH STREET
OCALA, FL 34474

New Principal Place of Business:

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:

BOLEY, MICHAEL J
3245 SW 34TH STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

BOLEY, MICHAEL J
3503 DIFFER ROAD
SEBRING, FL 33872 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:

05/10/2006

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: 3245 SW 34TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: KNOP, LINDA K
Address: 373 1ST STREET WEST
City-St-Zip: TIERRE VERDE, FL 33715

Title: ST (X) Change () Addition
Name: BOLEY, MICHAEL J
Address: 3503 DUFFER ROAD
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the 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 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

05/10/2006

Electronic Signature of Signing Officer or Director

Date