

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018213

FILED  
Feb 17, 2009  
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  
1765 LAKE LOTELA DRIVE  
AVON PARK, FL 33825 US

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

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: \_\_\_\_\_

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: 373 1ST STREET WEST  
City-St-Zip: TIERRE VERDE, FL 33715

Title: ST ( ) Delete  
Name: BOLEY, MICHAEL J  
Address: 1765 LAKE LOTELA DRIVE  
City-St-Zip: AVON PARK, FL 33825

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BOLEY

ST

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date