

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000018213

**FILED**  
**Apr 07, 2010**  
**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  
**Name:** JACKSON, JOHN J  
**Address:** 4950 SW 111 TH PLACE RD  
**City-St-Zip:** Ocala, FL 34476

**Title:** V  
**Name:** KNOP, LINDA K  
**Address:** 373 1ST STREET WEST  
**City-St-Zip:** TIERRE VERDE, FL 33715

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

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL J BOLEY

ST

04/07/2010

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

\_\_\_\_\_  
Date