

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018213

FILED
Apr 20, 2011
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:

BOLEY, MICHAEL J
472 SUNSET POINTE DR
LAKE PLACID, FL 33852 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

04/20/2011

Electronic Signature of Registered Agent

Date

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: 472 SUNSET POINT DR
City-St-Zip: LAKE PLACID, FL 33852

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

04/20/2011

Electronic Signature of Signing Officer or Director

Date