

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

1/2

01-21-2003 90097 050 \*\*\*150.00

DOCUMENT # P02000018213

1. Entity Name  
PRO-MEDICAL BUSINESS PARTNERS, INC.



Principal Place of Business  
2760 S.E. 17TH STREET  
SUITE 200  
OCALA FL 34471

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

33003304



2. Principal Place of Business

3. Mailing Address

PO BOX 380

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
OCALA FL

4. FEL Number

59-3582052

Applied For

Not Applicable

Zip

Country

Zip

Country

34478-0380

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, CRAIG W  
2603 S.E. 17TH STREET  
SUITE C  
OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

1531 S.E. 36TH AVENUE

City Ocala

FL

Zip Code

34471

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JACKSON, JOHN J  
STREET ADDRESS 2760 S.E. 17TH STREET SUITE 200  
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME KNOP, LINDA K  
STREET ADDRESS 2760 S.E. 17TH STREET SUITE 200  
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME BOLEY, MICHAEL J  
STREET ADDRESS 2760 S.E. 17TH STREET SUITE 200  
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all power like empowered.

SIGNATURE:

SIGNATURE OF MICHAEL J BOLEY 1-15-03

Date

Daytime Phone

(352)  
867-8898

CR2E004 (10/02)