

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004563

FILED
Apr 03, 2009
Secretary of State

Entity Name: PRO MED OF THE SOUTHEAST, INC.

Current Principal Place of Business:

5341 POWRIE DR
PENASCOLA, FL 32504

New Principal Place of Business:

5341 POWRIE DR
PENASCOLA, FL 32504 US

Current Mailing Address:

5341 POWRIE DR
PENASCOLA, FL 32504

New Mailing Address:

5341 POWRIE DR
PENASCOLA, FL 32504 US

FEI Number: 20-0548473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNOWDEN, ROBERT
5341 POWRIE DR
PENSACOLA, FL 32504 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: PSTD () Delete
Name: SNOWDEN, ROBERT
Address: 5341 POWRIE DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: SNOWDEN, ROBERT
Address: 5341 POWRIE DR
City-St-Zip: PENSACOLA, FL 32504 US

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: ROBERT SNOWDEN

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date